

TRANSCENDING THE LIMITATIONS OF INSTITUTIONALIZATION THROUGH MUSIC:
ETHNOMUSICOLOGY IN A NURSING HOME

BY

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DISSERTATION

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ABSTRACT

This is an ethnographic study of the music life of the English speakers in a 430-bed not-for-profit nursing home. Research took place between August 2006 and June 2008, and included participation in both musical and non-musical activities at the home, formal and informal interviews, volunteering with the activities staff, and large-group observations. In this monograph, I treat the nursing home as an artificially constructed community in order to examine the role of music in daily life for the people to who live in, work at, and visit the Home. Particular attention is paid to the role of songwriting in an institution, the role of the sing-along for its participants, and the role of music and memory in the context of end-stage dementia. The study was designed to elucidate the following humanities research question: how do institutionalized elders use music to cope with increasing physical, cognitive and social limitations? What I learned was that they do no such thing. The elders at the Home use music to *transcend* the limitations of illness and the institution that cares for them.

*To my parents, Eva and Brian Allison,
who taught me to love, to listen, and to write*

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CHAPTER 1

INTRODUCTION

ETHNOMUSICOLOGY AND THE NURSING HOME

The ethnomusicology of a nursing home

In this dissertation, I examine the musical activities in a San Francisco nursing home from a dual perspective, as an ethnomusicologist and as a geriatric physician. As an ethnomusicologist, I am primarily interested in the roles that music can play within the artificially constructed environment of an institution, and the meaning it can have for those who live there. My view of the nursing home, however, has been profoundly affected by my training as a health care provider, specialized in the care of the oldest and most frail members of American society.

I am not a music therapist and this monograph is not the result of music therapy interventions, even though, as a medical doctor, I have a strong interest in therapeutic interventions and their outcomes. In music therapy, the rehabilitative and habilitative aspects of music are stressed. Music therapy studies among geriatric populations frequently address aspects of a particular type of research question: can music make people healthier or happier? Studies in the medical and music therapy literatures suggest that music has a role to play in assisting with walking patterns (Clair, 2006) and eating habits (Chang *et al.*, 2010; Nijs, de Graaf, Kok and Staveren, 2006). Moreover, it appears that music may play a particularly important role for residents with dementia (Norberg, Melund and Asplund, 1986;

Wall and Duffy, 2010). The literature is advancing rapidly as researchers find new ways of examining the relationships between music, functional status and cognition. This monograph dovetails with the music therapy literature only inasmuch as it examines one of the environments in which music therapy interventions are often situated: a skilled nursing facility.

In ethnomusicology, traditionally, we have had less overall interest in exploring outcomes (for example, weight gain, mortality or validated life satisfaction measures) than our colleagues in music therapy or medicine. Instead, we tend to focus on the creation of meaning through the use of musical and cultural processes. While a nursing home may initially appear to be an unconventional research area for an ethnomusicologist, it can also be viewed as a small community and, as such, research in a nursing home belongs a two hundred year old tradition of studying such groups. Using well-established techniques, this study examines the role of music among a group of people thrown together into an institution created out of medical, social and financial necessity. I seek to explore the Home as an artificially constructed community, with a particular focus on the myriad ways in which its members use music in their lives.

Why should we care about nursing homes?

Nursing homes have grown in importance in the delivery of long-term custodial care since the 1960s. According to the Centers for Disease Control (CDC), nursing homes now house one and a half million people, yet health care studies suggest that a

majority of people dread the prospect of nursing home placement. 30 percent of the patients surveyed in a study of hospitalized elders said they would “rather die” than accept long-term nursing home placement (Mattimore 1997:818). We should all pay attention to these unpopular institutions, since, over the course of our lifetimes, 43% of us over the age of 65 will spend at least a short period of time in a skilled nursing facility (Kemper and Murtaugh, 1991: 597). It is demographically inconceivable that any American will manage to live out his or her life without knowing at least one close friend or family member who will require nursing home care.

In this monograph, I pay very close attention to one such facility, known to its members as “the Home,” because it is one of the best that the nursing home “industry” has to offer. More importantly, the Home is a place in which men and women continue to grow and thrive. Not only do these men and women continue to develop in an unlikely location, a nursing home, they often do so through the use of music and the arts. It offers a rich contrast to the bleak picture painted by the statistics on nursing homes.

The music of small communities and the nursing home as village

Music scholars have long been interested in the musical life of small communities, and my work belongs to this part of the scholarship. The first publications and collections of “folk song” texts in European rural communities date back to late 18th century (Herder, 1778; Percy, 1775), long before the formation of ethnomusicology

as a separate field of study. The song texts were initially collected in “the village,” a gloss used to describe communities that varied widely from place to place. By the early 19th century, scholars became interested in collecting tunes as well, and began theorizing about the music of these villages as being representative of the music of the nation. In the late 19th century, the availability of the Edison phonograph made it possible to record songs, and by the mid 20th century, scholars were developing sophisticated methods of tracing the oral transmission of tunes (Bronson, 1959) and teasing apart assumptions about rural versus urban musical life (Lloyd, 1967).

In addition to pastoral European communities, ethnomusicologists have had a longstanding interest in the music of non-Western peoples, and significant work has been devoted to small communities in remote tropical, rainforest and island locales (c.f. Seeger, 1987; Feld, 1990; Roseman, 1993). Also called “villages” by earlier scholars, these communities represented cohesive social units in relative isolation that had little or nothing in common with the small communities in Europe. Initially scholars in ethnomusicology, as in cultural anthropology, focused on the “traditional” music found within remote villages. Over the last three decades, the focus on traditional or authentic music has been supplanted by the growing recognition of global trends in popular music and the need to reflect accurately the diversity of music found among any given group of people. We have moved past the illusion of isolation to embrace the reality that people living in small communities have access to the world around them and participate in the events, ideas and economies of larger societies.

By 1983, Hobsbawm and Ranger were questioning the entire concept of tradition in their edited volume, *The Invention of Tradition*. The concept of actively created culture had, likewise, become a key issue for ethnomusicologists (c.f. Waterman, 1995, and Goertzen, 1998, for case studies that call into question ideas about culture, tradition and authority). The basic premise of the village as static was shattered by the recognition of the role of popular music and cassette technology (Manuel, 1993) and an increasingly sophisticated understanding of the role of subcultures within major cities (Slobin, 1992).

Like my colleagues in anthropology and ethnomusicology, I openly acknowledge that *the village* exists as a concept more than a reality. Small communities can develop highly different and idiosyncratic traditions. In contrast to the colonialist belief that “villagers” remained isolated from “civilized society,” scholars now recognize that people travel increasing distances with increasing frequency both in person and virtually via telephone and Internet. Looking to anthropologists like Arjun Appadurai, we recognize that “locality” and “neighborhood,” are better understood as social phenomena in an era in which people do not remain in one place, but do maintain relationships across great distances (Appadurai, 1996). We are also beginning to recognize the significance of cultures or subcultures within artificially constructed environments and institutions. Ethnomusicologists are now looking at artificially constructed environments as disparate as shopping malls (Sterne, 1997) and prisons (Harbert, 2006). With the advent of eco-musicology and

acoustic ecology, we have come full circle: scholars are now looking at entire sonic landscapes (Feld, 1996) and even the design and construction of these “soundscapes” (Shaffer, 1968; Kittay 2010).

Even so, I find the term “village” to be a useful construct. It suggests a small community, geographically delineated, in which community members know one another. The old concept of the village as remote or isolated reflects the social isolation of the nursing home in the contemporary United States. The radical differences between one village and another, to me, reflect the radical differences found between one nursing home and another. More importantly, the term village, popularized recently in the lay press, seems to resonate with the physicians I know. It offers those on the “outside” a way to recognize the fact that for some people, this place is home. As an applied ethnomusicologist, who wants to improve the treatment of people living in institutions, I am willing to adopt a term like “village,” if it humanizes the nursing home for the people providing health care to its inhabitants.

The type of village where I engage in research and medical care is a peculiar place. This village is a nursing home, an intentionally constructed community; a place into which no one has ever been born. Unlike the romanticized pastoral village in Europe, or the exoticized swidden village in the rainforest, the nursing home is a village consisting entirely of immigrants, who have often moved in unwillingly. It consists of caregivers, who visit and then leave, and care-recipients, who live there

and may never leave the premises. If we take an anthropological view of nursing homes, we can begin to see them as small communities made up of different groups with different roles and characteristics. While I speak below of nursing homes in general, I would like to be clear that each nursing home has its own distinctive cultures and subcultures, affected by the for-profit or not-for-profit corporation that runs it, the economics and reputation of the institution, and the members who comprise its community.

In a nursing home, the resident community members are typically, although not always, older than those who work at nursing homes. The men and women who reside in nursing homes usually have physical, functional or cognitive deficits that have led to their nursing home placement. Importantly for the social construction of this village, these residents are intended to be the recipients of support: physical, medical and, ideally, social. Because the average age at the Home is 87 years, and because of the pejorative connotations of the term “resident,” I will call these members of the community “elders” throughout this monograph.

Those members of the nursing home village who come and go, the visitors and staff members, are typically much younger than the people who live there. The staff and visitors are usually independent in activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Nursing home staff members have the responsibility of providing service to the elders. In this village comprised of caregivers and care recipients, those providing care have greater physical

independence and are therefore able to leave at the end of the workday or visit. I assert that the nursing home is a village in which those who work there and visit have a higher social status in the larger society by virtue of their independence. Within the confines of the institution, in contrast, the men and women who reside in nursing homes are sometimes accorded a privileged status by virtue of their care needs or for their role as elders within the community. The differences in functional status, cognitive status and social status lead to a complex hierarchy, in which members function differently with respect to one another. Not only do community members have different roles, they can rapidly shift from higher to lower status with respect to one another, depending upon the social situation and the community members present.

Ethnographic studies in nursing homes

The nursing home village as a “contested cultural space” (Stafford, 2003) has been well documented in the nursing home ethnography literature (c.f. Gubrium, 1975; Laird, 1979; Kayser-Jones, 1981; Shields, 1988; Savishinsky, 1991; Diamond, 1992; Henderson and Vesperi, 1995). For a thorough review of the literature through 1990, see the first chapter in Savishinsky’s *The Ends of Time* (1991). Music in the nursing home, however, has been largely neglected. Even in Savishinsky’s book, in which he was positioned within an activities department, the focus remained on non-musical activities, particularly pet therapy. Likewise Myerhoff, in her discussion of life in a senior center, makes only brief and intriguing mention of song duels among its older Jewish community (1979). Of the major ethnographies of

institutions, none provide detailed discussions of music. Several monographs, however, do include a brief description of music as performed by or provided for those people residing in the institution (Goffman, 1962; Gubrium, 1975; Laird, 1979; Kayser-Jones, 1981; Shields, 1981; Diamond, 1992; Henderson & Vesperi, 1995; Stafford, 2003; Gass, 2004).

Despite the lack of attention paid to music in nursing homes, literature in the discipline of nursing includes one doctoral dissertation that examines music in a nursing home through the qualitative research methods of participant-observation and qualitative content analysis (Götell, 2003). Eva Götell's work offers us a careful performance study of a music group and its effects, followed by a performance study of bathing routines with and without musical accompaniment. Her research has led to the development of a new standard practice in Swedish nursing homes, *Vårdagsång*, which is called "music therapeutic caregiving" (MTC) in her English-language publications, but which translates literally as "our daily song." It involves the use of singing by nurses' assistants while they provide daily care in dressing, bathing and toileting to people with dementia who live in nursing homes. Götell has shown convincingly that singing during daily care reduces anxiety and combativeness among those who have dementia, and leads to a more pleasant experience for both caregivers and care recipients. Her research to date, however, does not address the question of why this phenomenon holds true.

In contrast to most of the other nursing home ethnographies and the music therapy literature, my research focuses on the music life of a nursing home. I am interested in the role of music in the creation of meaning and the expression of culture and identity within an artificially constructed village. As such, I attend to the sounds, the activities, and the artistic expressions of the members of one nursing home community, in order to see why music was so important to this small group of people.

Medical ethnomusicology

On the one hand, my research represents a new area of exploration within a long tradition of research on the music of small communities. On the other hand, the project belongs to one of the youngest branches of scholarship in music: medical ethnomusicology. In the *Oxford Handbook of Medical Ethnomusicology*, Koen, Barz and Brummel-Smith define medical ethnomusicology as:

a new field of integrative research and applied practice that explores holistically the roles of music and sound phenomena and related praxes in any cultural and clinical context of health and healing. Broadly, these roles and praxes are viewed as being intimately related to and intertwined with the biological, psychological, social, emotional, and spiritual domains of life, all of which frame our experiences, beliefs, and understandings of health and healing, illness and disease, and life and death (2008: 3-4).

Koen, Barz and Brummel-Smith focus on the concepts of health and healing, providing a summary of some of the literature in ethnomusicology that has dealt

with issues of music and medicine, and focusing particularly on non-biomedical healing systems.

I would like to take a somewhat different approach to defining medical ethnomusicology, by looking at its relationship to biomedicine¹. Much in the way that ethnomusicologists as a group have recognized that music traditions do not occur in a cultural vacuum, medical anthropologists have acknowledged that non-biomedical, or non-Western, healing traditions no longer exist outside of contact with biomedicine. In these days of medical and Christian missionary trips to faraway places, biomedicine has become the most popular healing tradition on the planet. Health care providers and public health workers strive to provide vaccines, contraceptives and basic antibiotics across the globe. Healers and patients from all parts of the world partake in multiple medical traditions. Their involvement may range from the Navajo *Hatáal* (traditional healer) who receives his tuberculosis medications from the Indian Health Service clinic while continuing to perform the Night Chant, to the corporate executive who takes valerian root to help her sleep at night, while getting her blood pressure pills from her internist. We, as patients, look broadly to the variety of complementary and alternative medical systems around us. Even at the Home, elders have access to acupuncture, massage and healing touch in addition to biomedical care. Medical ethnomusicology acknowledges the reality of

¹ Biomedicine is one of many terms used to describe allopathic medicine, or Western medicine. It is the kind of medicine that I practice as a family doctor and geriatrician.

multiple medical systems by recognizing the relationships that music can have to health and healing in the age of biomedicine. *In other words, medical ethnomusicology is the area of ethnomusicology that examines the intersections of music, on the one hand, and health and healing contexts, on the other, while taking into account the impact of biomedicine in the process.*

Despite the increasing use of the term “medical ethnomusicology” over the last decade, scholars and musicians have had interests in music and healing in non-biomedical contexts for well over a century. These bear mention as they provide the foundation for the development of this area of research. The history of published research into music and healing traces back to 1887, when Dr. Washington Matthews, an army surgeon, studied the Mountain Chant, a Navajo healing ceremonial that involves large amounts of singing. Since then, a body of works, both book length monographs and shorter articles have arisen, leading to a core body of knowledge on music and healing.

These works can be loosely placed in three categories and, given the strong interest of early 20th-century anthropologists in research on Native American music, it should not be surprising that each category is dominated by Native American music research. The first type of research included healing songs as part of larger descriptions of the music of a culture, as in Frances Densmore’s massive series, published through the Smithsonian Institution’s Bureau of Ethnology (1910, 1913, 1918, 1922, 1923, 1929a, 1929b, 1932a, 1932b, 1939, 1956, 1957). A second type

focused on the role of music in healing the sick among non-Euro/American groups of people, largely in the form of brief descriptive articles and in edited collections of articles. Koen, Bartz and Brummel-Smith provide a solid summary of this area of the literature on music and medicine in the introductory chapter of the *Oxford Handbook of Medical Ethnomusicology* (Koen, Bartz and Brummel-Smith 2008). This part of the literature often relates more closely to music therapy more directly than ethnomusicology, focusing on therapeutic efficacy. The third type of scholarly work is that which most closely underpins current trends in medical ethnomusicology: the careful analysis of a specific healing ceremony, placed within its cultural context. While some of music and healing research, like that of Matthews (1887), fits more generally into the category of anthropological research, several clearly belong to the ethnomusicology literature, and have influenced the development of the field at large. These include McAllester's *Peyote Music* (1949) and his seminal work *Enemy Way Music: A Study of Social and Esthetic Values as Seen in Navaho Music* (1954) and Frisbie's *Kinaalda: A study of the Navaho Girl's Puberty Ceremony* (1967). *Peyote Music* is one of the first monographs in ethnomusicology to focus on the music of a ceremony, *Enemy Way Music* significantly furthered methodology in our discipline by providing a reflexive analysis of his use of a survey tool, including strong criticism of the limitations of survey work in cross-cultural, bilingual research. In *Kinaalda*, Frisbie takes McAllester's approach a step further by both providing a fully contextualized description and by exploring a ceremony dedicated specifically to girls. It is one of the first and best examples of research into the role of women and music, looking both at the transition from girl to woman in Navajo households

and by examining the roles of men and women in this Navajo form of preventive medicine. A handful of articles, such as Haefer and Bahr's work on curing songs among the Pima (1978), have spent time focusing on specific aspects of healing events in order to inform our understanding of the ways in which songs may effect cure.

Ethnomusicologists have always paid close attention to the cultural context of music, and descriptions of healing ceremonies are no exception. More recent works in ethnomusicology, however, have attempted to examine the ways in which healing traditions may actually effect cure or prevent disease transmission. These may be considered to be the heart of medical ethnomusicology, and include Roseman's *Healing Sounds from the Malaysian Rainforest: Temiar Music and Medicine* (1993); Friedson's *Dancing Prophets: Musical Experience in Tumbuka Healing* (1996); Becker's *Deep Listeners: Music, Emotion, and Trancing* (2004); Barz' *Singing for Life: HIV/AIDS and Music in Uganda* (2006); and Koen's *Beyond the Roof of the World: Music, Prayer, and Healing in the Pamir Mountains* (2008). In 2008, Oxford University Press published the *Handbook of Medical Ethnomusicology*, a collection of essays by ethnomusicologists, geriatricians and music therapists that attempts to show the full spectrum of research in this area.

What makes medical ethnomusicology different from earlier work on music and healing is the explicit recognition of music and healing as it intersects with biomedicine. For example, when Barz found that Ugandan schoolchildren were

singing about condom use and monogamy as a mechanism for HIV/AIDS prevention, we learned about a profound way in which a traditional educational format, songwriting, can reduce transmission of a life-threatening disease. In completely different types of research, in which Koen used electrocardiogram readings (Koen, 2008) and Becker used galvanic skin response data (Becker, 2009) to measure the physiological effects of music, they demonstrated ways in which we might adopt biomedical tools in order to inform ethnomusicological analyses. In the case of my own research, the intersection is yet again distinct. Politicians and researchers are currently discussing the primary care clinic as a possible “medical home” for patients, but the only true medical home currently existent in the United States is the skilled nursing facility. In the skilled nursing facility, or nursing home, men and women live out their lives within a physical space that is structured around and regulated by a medical model of custodial care. I am interested in the role of music, as a key aspect of culture, within this medically constructed environment. In the case of this research, the intersection lies in the location of the research, embedded within the American medical system, rather than in a particular approach to ethnomusicological research.

The research question

I approach the role of music at once as an ethnomusicologist, who has been participating in and observing musical activities across the home since August of 2006, and as a physician who began providing medical care at the nursing home in

July of 2007.² As a physician, trained in family medicine and specialized in geriatrics, I have an overarching concern with the quality of life for those of my patients who live in long-term care facilities. As an ethnomusicologist, I return again and again to the importance of music in creating a sense of community and in enabling people to enrich their everyday lives. In the nursing home, where stories of loss permeate the histories of the men and women who live there, music making creates what one staff member calls “moments of great joy” (personal communication, 2006). In its ability to create these moments of meaning, music represents a vital area for study. I examine the role of music in its particulars in

² I first visited the Home in 2003. The data included in this study, however, derive from participant-observation research conducted between August 2006 and July 2007 and from follow-up interviews, large-group observations, and validation of data conducted between August 2007 and June 2008. Interviews included only English-speaking members of the community because of limitations of the research protocol. The research protocol was approved by the Committee on Human Research at the University of California, San Francisco, and the Research Committee at the Jewish Home, San Francisco. The research was additionally approved for use in the completion of my doctoral requirements by the Institutional Review Board at the University of Illinois at Urbana-Champaign. This research was carried out, in part, with the resources of the Jewish Home, San Francisco. Salary support was provided for one year of the research by a HRSA grant. Throughout the study, I retained full control over the data and its analysis. I remain actively involved as a physician and a volunteer at the Home.

order to better understand the ways in which music enables people to reach beyond their everyday lives, to continue to learn and develop as individuals, and to remain vital and productive members of their community.

I entered into this project with a straightforward, but naïve, ethnomusicology research question: *How do institutionalized elders use music to cope with increasing physical, cognitive and social limitations?* I thought, when first proposing this question, that I would find music helped people cope with aging. I suspected that music would have important roles *vis a vis* the physical and cognitive limitations that led up to nursing home institutionalization and to the social isolation that resulted from leaving the larger community. I expected that music would make physical, social and cognitive limitations more tolerable. This question quickly proved to be too limited in scope and too limiting to the elders participating in the research project.

The elders taught me, instead, that they use music to *transcend* and overcome limitations that they feel have been thrust upon them, rather than using music as a mere coping mechanism. Within a few months of fieldwork, the research question became a more refined question of meaning and process. *How do elders use music to transcend the limitations of institutionalization, and how does music create as well as reflect the culture of the nursing home community?* Key to this process was an understanding of the institution itself, and about nursing homes more generally. Within this context, then, I examined the role music played in transcending

boundaries for the individuals involved, and the impact that has had on the rest of the nursing home as a village.

Nursing homes and legislative reform

Many anthropology monographs have been written since the 1970s depicting the horrors of nursing homes. With titles like *Old, Alone and Neglected* (Kayser-Jones, 1981), *Uneasy Endings* (Shields, 1988) and *Limbo: A Memoir about Life in a Nursing Home by a Survivor* (Laird, 1979), they have documented the recurrent neglect and outright abuse to which older Americans have been subjected. In the medical literature, the 1986 landmark Institute of Medicine study, *Improving the Quality of Care in Nursing Homes*, documented such horrific living situations that it led directly to congressional reform. In response to its findings, the federal government passed the Nursing Home Reform Act under the Omnibus Budget Reconciliation Act of 1987 (OBRA 87). OBRA 87 led to a set of regulations that affected both Medicare and Medicaid reimbursement for nursing home care. OBRA 87 mandated that states conduct surveys, and fine or even close down nursing homes for deficiencies in care. This sweeping legislation has had the overall effect of reducing the use of physical restraints and psychotropic medications, which function as chemical restraints (Weiner 2007:21), effects that are thought to be proxy markers of improved quality of care.

I assert, however, that OBRA 87 has also had the unforeseen consequence of reinforcing the institutional aspects of nursing homes through the legislation of such

seemingly mundane activities as eating, sleeping, getting dressed and going to the toilet. In their assessment of OBRA 87's impact on quality of care, Weiner *et al.* observe, "The provision of OBRA 87 that has likely had the greatest impact on the day-to-day processes of nursing home care is the requirement for an assessment using a federally mandated form" (Weiner *et al.*, 2007:14). This form, the Minimum Data Set (MDS), transforms people into numbers, measurable in terms of their dependence in physical, cognitive and psychiatric functional status. Rahman and Applebaum have argued persuasively that the MDS has the "unintended consequence" of increased "paper compliance" and "diminished attention to resident quality of life" (Rahman and Applebaum, 2009:727).

Despite the intention of the regulatory overhaul in 1987 to improve *quality of life* for those who live in nursing homes, the mandated requirements are largely geared towards *quality of care* (Weiner *et al.* 2007). The result is often a push towards a sterile environment in which people have little say about their medical and social care, despite decreases in worrisome problems like bedsores, psychotropic medication abuse and the unnecessary use of physical restraints. Nursing home ethnographers have explored how, in these institutional settings, what are considered to be normal social processes become transformed into medical orders and how people are treated as mere patients.

For example, the concept of eating and the food eaten cease to represent a social construct associated with pleasurable taste sensations, shared activity, laughter and

love. Food is reduced to a mere “diet” ordered by physicians and carried out by dietary, kitchen, and nursing staff. Eating is reduced to the tasks of placing food in the mouth and swallowing with or without a choking risk. In this environment, a woman who needs help eating becomes a “feeder,” to whom someone is assigned the task of spooning food into a mouth (excellent descriptions of these processes can be found in Diamond, 1992; Shields, 1988; Stafford, 2003). The people who live in nursing homes are rarely offered the opportunity to eat with the people who work there, even if they have become friends over time. As people grow more dependent upon others for help with feeding, bathing, dressing, and transportation, the number of medical orders grows and the regulation-required, MDS-based, “care plan” expands to include increasingly detailed information about how and when to assist these men and women each day.

The nursing home model resembles the medical model of hospital care because it derives from the same system, incurs medico-legal risks, and involves many of the same trained professionals. The nursing home structure is build upon a hospital model, rather than the social model that underpins certain types of assisted living or board-and-care facilities. Populated by nurses, nursing assistants, dieticians, physical and occupational therapists, visited by doctors, and regulated as tightly as a hospital, the nursing home can easily slip into a model more suitable to acute illness management than long term care. Moreover, the complicated medical issues faced by “those who live there” (Shields, 1988:iii) play into an older medical model that views nursing home residents as helpless patients who require medical treatment

and safety protection. Health care teams attempt to balance the elders' rights to independence and freedom, on the one hand, and health and safety issues, on the other.

This situation is exacerbated by the typical absence of doctors. Usually the primary physician is an occasional visitor to the nursing home, often difficult to reach even by phone. The Home differs from most other nursing homes in that it has on-site physicians present six days a week with 24 hour-a-day medical phone consultation available to on-site staff. While I was involved in the research project, the daily medical staff also included a psychiatrist, a physician assistant and two full-time nurse practitioners. As a physician here, my nurses expect to hear back from me within a few minutes of paging me with a question. They tell me that this is quite different from other nursing homes, where the community physicians may respond promptly or may not return calls at all, without any accountability. It is certainly different from the for-profit sector in San Francisco, where the doctor is reached only by fax in a clinic office that closes at 5pm each night and which may or may not have an on-call system.

In stark contrast to the regulatory and medical requirements imposed upon nursing homes, the men and women who live in long-term care, and many who work and visit them, state strong preferences for a more homelike model of care. A growing "culture change" movement aims to dismantle the institutional flavor of nursing homes in favor of a more homelike environment (Barkan, 2003; Thomas, 2003,

Kane, 2007). The attributes of an ideal, “homelike” environment include the availability of free and ready access to food, the provision of interesting and meaningful social activities, the opportunity to spend time with pets and children, and the ability to choose when to get up, bathe, eat meals and go to bed each night.

Positioned on the threshold between hospital and home, nursing homes themselves become contested cultural places, in which competing values play out in the events of daily life (Vesperi, 1995; Stafford, 2003). The nursing home has become, as Stafford puts it, a “crucible for meaning-making” (Stafford, 2003:11), in which the inhabitants struggle to make sense of the often strange landscape and conflicting ideals of this socially-inscribed place. As they enter into the nursing home, *people* from the community become *residents*³ of the institution, but they carry with them their belief systems, values and experiences as adults in larger society. “Residents” continue to behave first and foremost as men and women, refusing to yield passively to roles thrust upon them by a conventional medical model of care. Elders in nursing homes do not submit politely to new roles as wards of the institution and

³ The term “resident” is the problematic term for a person living in a nursing home or assisted living facility. It replaces the previous term “patient” and the even more troublesome term “inmate,” but fails to overcome the fact that “resident” is a marker for “other” and remains a way to keep barriers in place between those living “inside” and “outside” the institution. Often, I have heard people introduce themselves as “just a resident,” rather than by name or background. The term is used here for the sake of clarity only.

non-reciprocating recipients of care. Nursing home ethnographers have found that elders living in nursing homes resist submission through techniques that range from the use of irony (Vesperi, 2003), to the refusal to eat intolerable food (Diamond, 1992) and to the use of shouting to obtain assistance (Kayser-Jones 1981).

At the Home, where the care is thoughtful, the food is good, and the staff is kind, elders can actively partake of opportunities for community participation and individual growth, although many state that they find the regulations restrictive and miss the freedom of living independently. Three elders, on separate occasions, have commented to me that “It’s pretty good, for *institutional* food,” or “It’s hard, coming to a nursing home,” or “Yes, but you don’t *live* here” (personal communication, 2007) in order to gently remind me of their struggles to live meaningful lives within the walls of an institution.

The Home: A nursing home with a philanthropic legacy

This is not the story of a perfect nursing home. Rather, this study examines the role of music in a friendly, not-for-profit, skilled nursing facility that has existed in San Francisco for over 130 years. It has changed enormously over time, and my research took place during a period of transition and physical construction. When I was engaged in participant-observation research, the elders had access to a hair salon, an art studio, a dozen pianos, a library, a synagogue and a café and gift shop.⁴

⁴ The use of the past tense is an intentional attempt to avoid the ethnographic present.

The Home, as it existed in 2006-2008, was wildly different from the small institution

The administration had a dedication to high quality care, and the nursing assistants had a tendency to refer to their care-recipients as surrogate parents. Most important to this study, it was a place overflowing with music. Did the elders who live there complain sometimes? Certainly, but they were also quick to defend this institution as their home.

“The Home,” is a skilled nursing home in San Francisco that currently houses 430 elders in a combination of short-term and long-term care. When I began my fieldwork there in 2006, the Home exclusively provided long-term care for a target population of local Jewish elders. Like all skilled nursing facilities, the Home had been artificially constructed through federal and state legislation. Unlike the for-profit sector, however, the Home had also been shaped financially and socially through more than a century of dedicated, philanthropic support from the Jewish community. The result of disparate external forces, the Home nonetheless functioned as a community, or what I am calling for simplicity a village, with outside community members who visited, health care professionals who worked, and elders who resided in it.⁵

created for orphans and indigent Jewish elders in the late nineteenth century, and it continues to change as it meets the needs of the community over time. As of this writing, the tightly held values of humanity and community remain strong within the Home.

⁵ Shields made the distinction between those “who live there” and those “who work there” in the dedication of her first published monograph (Shields, 1988:iii) and this division, when expanded to include families, visitors and volunteers, who all visit the

The Home strove to bring “homelike” features to those who lived there through their activities programming, exchange programs with local schools, a vibrant volunteer program, and both visiting and resident pets. It was one of the few nursing homes I have found in which staff members were consistently encouraged to bring their children and pets to work.

Activities in the Home included opportunities for cognitively intact⁶, English-speaking elders to submit poetry and articles to the monthly newsletter, to participate in book clubs, a comedy workshop, political discussion groups, reminiscence activities, and to study Judaism with the Rabbi in residence. Scheduled activities such as bingo, black jack, afternoon “smoothie” breaks and afternoon coffee bars took place regularly. Those who had cognitive impairment also received opportunities to participate in sensory, creative and reminiscence

nursing home (Savishinsky, 1991), makes for an inclusive way to think about the heterogeneous members of this constructed community

⁶ Throughout this monograph I will make the distinction between cognitively intact and cognitively impaired elders. Someone cognitively intact has the ability to understand, speak and remember, without significant impairment. Cognitive impairment, in this context refers to dementia or to medical conditions like Parkinsonism or stroke that has significantly affected their inability to speak, remember or understand. It should be noted that this project did not include access to the medical records of the research participants.

activities, adapted to their varying abilities. And throughout all of these activities, music filled the Home.

The Home: First impressions and major construction⁷

The Home currently consists of a city block full of brightly lit buildings connected by glass-walled pathways, smelling ever so slightly of soap. The first time I went there, still sleep-deprived and emotionally exhausted from an inpatient medicine service, I was struck by its warmth and cheerfulness. The Home was a startling change from my training site, San Francisco General Hospital. As I walked along the pathway connecting the buildings, I was greeted by white-haired men and women, bundled up in coats, shawls and blankets, who were sitting in wheelchairs near the aviaries and outside in the sunshine of the open courtyard. In contrast to the sad young man who had died in the hospital service a few days earlier, the elders at the Home appeared happy, comfortable and very much alive. It was striking, also, how the interested smiles of these elders contrasted with the bored stares that I had encountered in most other nursing homes during my medical training.

Between that first visit in 2003 and the start of my research project in 2006, a number of structural changes had taken place during a major construction project.

⁷ Portions of this chapter were previously published my chapter “Songwriting and transcending institutional boundaries in the nursing home,” in the *Oxford Handbook of Medical Ethnomusicology* (2008), edited by Benjamin Koen. Permission to use this material has been granted by Oxford University Press.

A residential building and the synagogue had been torn down. A new building complex was underway that would house the new synagogue, a clinic, an art studio and a massive Kosher kitchen. While the construction was underway, a makeshift café and gift shop appeared in the library, displaced from their usual homes next to the courtyard. Many elders, often using wheelchairs and walkers to get there, visited the former library in order to have coffee, soup, cookies and tuna sandwiches at the interim “Garden Café.” Some of the elders worked there as volunteers, chatting with their neighbors when they visited the café. The staff members routinely anticipated orders before they were placed, already aware that one person preferred only half a sugar packet in the coffee, or that another person needed to have a sandwich cut into small pieces that could accommodate dentures and swallowing difficulties. Half a dozen people routinely sat around small tables to chat. Others browsed the Home’s gift shop, also squeezed into temporary quarters in the library. Some of the bookshelves remained in place in order to provide continued access to the library holdings. Volunteers bustled about, residents entertained their visitors, and activities staff mingled with them all.

The music at the Home

Unlike other facilities in San Francisco, the Home had over 80 hours of music and arts activities scheduled each week in 2006, 2007 and 2008. The art studio was open two to three days a week for ceramics work, weekly for a jewelry class, and six days a week for tempera painting, with two artists in residence available to assist the elders. More concert performances and sing-along groups took place each week

than any one resident could possibly attend. I was never able to attend more than a quarter of the music activities available during any given week, because of the number available at any given time.

The music involved concerts given by and for the residents, chorus rehearsals, concerts given by visiting musicians and, of course, sing-along sessions. Some sing-along groups were sung *a cappella*, others were accompanied with live guitar or piano, and still others were carried out in accompaniment to recordings or video-karaoke. Elders who were able to read music in five-line staff notation were often provided with songbooks. Those who could still read English or Russian often received lyric sheets in large print. “Classical” music could always be heard in the art studio, open 30 hours a week, and the cable television included a music channel. Nursing and activities staff personnel created opportunities to dance with the residents on a daily basis. Staff members, visitors, volunteers and elders played live music each day. At the Home, music played a large role in residents’ spiritual lives, utilized in Shabbat services each Friday night, at the High Holy Days, and in celebrations of Sukkot, Chanukah, Purim, Israeli Independence Day, and all festivals. In addition, there was a special summer arts and lectures series.

The music therapy literature has shown us that music can offer remarkable opportunities to people who have had to contend with physical, cognitive or social limitations. It seemed no coincidence to me that the nursing home with one of the best reputations in the city was also the nursing home with the most vibrant music

program. As I hope to show through these chapters, music, through its social, emotive and participatory properties, enabled people to form a new sense of community after moving into an institution.

No twenty-first century ethnography can pretend to be all encompassing. The following chapters attempt to balance the wealth of music activities at the Home against the need to look deeply at a few of them in order to understand how they enabled elders to transcend their daily lives within that institution. Chapter two looks first at the Home as a village in order to identify two core values held deeply by members of the institution at all levels. Chapters three through five analyze three different musical phenomena in detail. Chapter three examines songwriting as the most creative, unusual and profound opportunity for growth through music at the Home. Chapter four looks at the sing-along, the most pervasive of nursing home music activities, in order to show how the sing-along functions in the production of heritage and the creation of culture. Chapter five takes a step back from a performance-based ethnography to examine a group of stories, spontaneously told, that address issues of relationship and meaning in end-stage dementia. It looks at the phenomenon of “remembered” song in late-stage dementia from the viewpoint of the storytellers, for whom this is a precious moment of connection, and through the lens of medical knowledge about dementia and the brain. Chapter six addresses the growing movements of “Culture Change” in nursing homes and “Creativity and Aging,” in order to show how ethnomusicology can help to inform our most ardent activists in their attempts to improve elders’ quality of

life. Throughout these chapters, I pay close attention to the musical activities, the thoughts and the actions of the men and women who live in nursing homes and the activities staff members who lead the music activities. I believe firmly that, through close analysis of these aspects of daily life, we can begin to develop the foundation necessary for the formation of more humane models of custodial care for our elders.

CHAPTER 2

ON DIGNITY AND FACILITATIVE BEHAVIOR

The nursing home as community

A growing body of literature has examined nursing homes as cultural sites, as communities, and as “crucibles” in which meaning is created through conflict between a medical and a social model of care (Stafford, 2003:11). In this chapter I would like to look at the Home as a village. As noted in the previous chapter, the village is a problematic concept given the heterogeneity of small communities, but it is a term that resonates with physicians who might otherwise not recognize the nursing facility as a home for its inhabitants. Nursing homes are, first and foremost, artificially created communities that have been constructed to house a sub-segment of the larger population. The nursing home houses elders who can no longer live independently “in the community,” to use the medical jargon. These places form under the influence of both federal and state regulations in addition to the beliefs and expectations that one might typically associate with cultures and societies.

Nursing homes all function as physical spaces in which to provide residence for elders. But a mere physical space is not adequate prerequisite for the formation of a community, or what I am calling a village. Anthropologist Renee Shields has noted that many nursing homes never develop a sense of community (Shields, 1988). If, however, a nursing home includes a core group of people who are invested in creating a home, a strong sense of relationships, of family and of community can

arise. The nursing home that I studied from August 2006 through June 2008, in contrast to many other institutional settings, possessed a strong sense of community, reflected most obviously in its members' tendency to refer to it as "the Home."

As a village, the Home had many unusual features, some of which were typical of nursing homes more generally, and some of which were specific to this particular nursing facility. Like other nursing homes in the United States, the Home was a village in which only some members were considered resident, and in which many community members functioned only to provide services to those elders who lived at the Home. It was a village whose members were separated by financial and physical means. Like the other nursing facilities in San Francisco, the Home was a village divided by disparate ethnic and social lines, in which immigrants, largely from developing nations, provided intimate care for the elders who lived there. Unlike the other nursing facilities in the area, however, the elders were comprised almost entirely of American-born or (former) Soviet-born Jews, spoken of within the Home as "the English speakers" and "the Russians." Even the concept of "Jewishness" described by its members took into account the heterogeneity of Judaic practice among the community members who described themselves as Jewish. Despite these discrepancies in social function, economic status and spiritual beliefs, the Home was spoken of by nearly all of the members whom I interviewed as a community, a village, and the home for those who lived there.

This diverse village, where people came from many countries and many languages, strove for a sense of community through a shared value, *that of treating elders with dignity*. Not all nursing homes can boast a commonly held belief, but the men and women who worked at, lived in, and visited the Home both spoke explicitly about their value systems and enacted them through daily life. I found myself better able to understand the importance of music at the Home after recognizing and examining the values that held this small community together. In this chapter, I examine the numerous ways in which “dignity” as a cultural construct was carried out through a set of behaviors that were intended to facilitate the independence of those men and women who live at the Home.

“Dignity”

“Dignity” represented a concept embraced by multiple players in the nursing home scene. The term “dignity” could be found in official documents on both the federal and institutional level. But for a word to represent a tightly held community value, the value itself should be reflected in more than just official publications. At the Home, the elders, visitors, members of the volunteer services and activities staff, administrators and members of the nursing staff all invoked the term “dignity” on a regular basis. Both research participants and people who declined to formally participate in the research used the same language. Community members often pointed out and praised what they considered to be dignified treatment of an elder, and, in contrast, criticized behavior that they found to be undignified or demeaning.

Federal regulations mandate that nursing home residents have “the right to be treated with dignity” (42 CFR 483.10). In annual inspections of nursing homes by the states, surveyors look for deficiencies under the working title “F-tag 241: Dignity.” The regulation stems from the overhaul of nursing home oversight (via the Omnibus Budget Reconciliation act of 1987, known as OBRA 87) intended to improve “quality of care” and “quality of life” in Medicare/Medicaid-enrolled skilled nursing facilities. F-tag 241, unlike most of the federal regulations, specifically intends to address *quality of life* issues for nursing home residents. F-tag 241 places a clear burden on nursing home providers to treat their elders with dignity. Unfortunately, the regulatory requirement exists without the benefit of further specification or definition. The regulations leave “dignity” undefined, and provide nursing homes with little guidance as to how to treat their elders with dignity.

On an institutional level at the Home, the administration embraced the term “dignity” in its mission statement, on posters and plaques throughout the buildings, and in its orientation and publicity materials. The Home as an institution advocated for the wellbeing of its elders through the use of the term “dignity” in its promotional materials. Table 1, on the next page, offers a number of examples in order to illustrate its use by the administration.

Although these materials, primarily intended for a public and community-based audience, used the term dignity to reflect an approach to elder care, they did not define the term. As found in the federal regulations, “dignity” appeared as a

Quote	Location
“Dignity is derived from an environment that does not sacrifice the human needs of the resident... A non-institutional place that the resident recognizes as home.”	<i>Words of a major donor, etched on a bronze plaque in the entry to the newest residential unit.</i>
“The promise: To provide the highest quality of care and services to seniors in an environment of dignity and warmth.”	<i>“Fast Facts” brochure for community members (07/2006, still in use)</i>
“To become a regional resource as an integral part of a continuum of care throughout the Bay Area that provides senior adults with a variety of life enriching programs and services that are accessible, promote individual dignity, encourage independence, connect them to their community, and reflect the social, cultural and spiritual values of Jewish tradition.”	<i>The vision statement of the Home.</i>
“Encourage independence, dignity and self-esteem.”	<i>Volunteer Manual.</i>
“Providing compassionate care while promoting individual dignity is fundamental to the Home’s values.”	<i>Caption on the official website, found beneath a picture of an older couple.</i>

Table 1: Official uses of the term “dignity” by the Home

catchword that resonated with a wider audience through its positive connotations and ambiguity. Interpreting from the context, one could infer that “dignity” reflected an attitude that the administration wanted to foster within the community. Treating another person with dignity seemed to presume a respectful approach that contrasted with the condescension and cruelty documented by journalists, health care providers and nursing home ethnographers in the 1970s and 1980s.

While the federal government adopted “dignity” as a regulatory requirement in 1987, respectful care for elder Jews had been a consistent approach at the Home since its foundation in 1871. The federal government’s actions against abuses in nursing home care, while clearly warranted on a national level, had less impact on those facilities that already had a strong interest in quality of life and quality of care. The federal regulations were unable to take into account the reality that nursing home care is typified by heterogeneity from one facility to the next. Some facilities are recognized as terrible, others as excellent. One board member of the California Coalition on Culture Change explains the variance with the quip, “If you’ve seen one nursing home...you’ve seen one nursing home.” Of note, this same advocate for nursing home rights also acknowledged the Home as “one of the good ones” (personal communication, 2007). The Home began as a philanthropic attempt to provide older and infirm Jewish men and women (and orphans) with a place in which it would be possible to live in accordance with Jewish law and customs. Over time, the federal language of “dignity” had been incorporated into the Home’s publications, but the use of the language did not reflect a departure from the goals of

the Home. The original intent of the institution, to provide care for indigent Jews who would otherwise have no access to a Kosher diet and spiritual support, had remained constant over time

The recognition of dignity as a concept within federal regulations and local promotional materials struck me as interesting during the early stages of field work. The recurrent use of this word did not, however, prove to me that the concept reflected a central value held by the community. Indeed, I generally ignored the pervasive term for my first few weeks of data collection, writing it off, incorrectly, as simple public relations advertising. After a songwriting session in late August 2006, I discovered that I had been underestimating a shared value within the Home. When I asked one of the Home's songwriters why she thought the Home had been a good place for her to live, she responded, "It's about dignity" and then stopped herself abruptly. She told me that what she had to say was very important, and she wanted time to think about it in order to provide a "good" explanation. She then requested that I come to her room later that day. When I arrived, she said again, "It's about dignity," and paused. "It's the prime consideration on the part of the administration to recognize the residents' needs," she continued, "and they extend themselves." When I requested further elaboration by repeating her phrase, "They extend themselves?" she initially declined to comment and changed the topic of conversation to her artwork. It took over a month before she was willing to describe some of the ways in which members of the administration have treated her with what she considers to be dignity.

Elders, administrators, family members, volunteers, visitors and care-providers at the Home routinely invoked the concept of dignity in the context of daily speech and research interviews alike. They discussed what they considered to be undignified as well as dignified treatment and ascribed motivations to other community members' behaviors. Elders living at the Home, in particular, defined their conceptualization of dignity in the context of open-ended questions, even though my initial questions did not involve the term dignity. When asked about her values and her desire to remain as independent as possible, one elder replied, "As long as I can do it myself I feel like a person, a human being, and I feel like I can keep my dignity.... They do too much because they want to help." As she and I have continued to talk over the years, we occasionally refer to this concept of dignity and helping, and what constitutes enough help. She has clearly articulated to me, to her caregivers and to her volunteers, those instances in which she received so much assistance that she found it disabling to her. She believed that "too much" help resulted in undignified and infantilizing treatment. Her assessment provided one of the first clues that, in the Home, facilitative behaviors were key to "dignity" as conceptualized on a personal level by community members.

At the onset of data collection, both the volunteer department and the activities department requested that I attend special meetings so that we could ensure that the care of the "residents" remained foremost in the research. In this respect, the research was, at its outset, intended to be an applied ethnomusicology project (c.f.

Sheehy, 1992), one in which I would be “meddling” (Bess Lomas as quoted in Titon, 1992: 316) as a volunteer attempting to help elders at the Home. Each department wanted to make sure that the elders would be treated with dignity and that, moreover, the research would add to their quality of life. Since the volunteer program requested that the bulk of our meetings be kept “off-record,” I will focus on the meetings with the activities department. Volunteer department members, however, did request that the research include their strong belief that interactions with people from “the community” outside the Home was invaluable as long as the interactions were respectful. Administrators at the Home insisted from the outset that the research be carried out so that it offered maximal benefit to the elders and minimal burden to the staff at the Home. Through this insistence, they provided the first demonstration of their commitment to the concept of facilitating the growth and independence of elders.

In the first research meeting with the entire activities department, we spoke openly about values in the context of my research, particularly as we planned strategies for including me in resident life in a way that would be helpful and respectful. The first official group meeting revealed a uniform, professional agreement with the value of dignity as expressed by the organization and the federal regulations. Several members of the activities department spontaneously stated that they were motivated in their work by the effort to help the men and women living at the Home to maintain a sense of dignity.

Later interviews with activities staff members differed in depth, but not tone, from the initial queries into this area. Over the course of the next months, several staff members shared that they became involved in nursing home activities as a profession in general, and became employed at the Home in particular, because of their personal beliefs that elders deserved respect and the feeling that this value was shared by their colleagues at the Home. Three of the activities coordinators involved in the study, all immigrants from the former Soviet Union, began working here to be close to family members who required institutionalization at the Home. Two others, both American-born, discussed their interest in helping older people because of their own close relationships with their grandparents. One member of the activities staff even went so far as to tell me she planned to take up residence here in her old age because she knew she could trust us all to treat her with dignity. It was heartbreak for all of us when she became unexpectedly ill and died in the hospital, too ill to survive transportation back to the Home. To our gratitude, the Home sponsored her memorial service in their synagogue so that all of her friends, family and the Home's community members could share in the commemoration of her passing. One of her adult children articulated clearly that the Home had managed to treat her with dignity in that final ritual and that the family, too, felt supported in the process (personal communication, 2008).

Dignity, a vague concept at the federal level, was spontaneously identified at the local level as a key value within the Home, and articulated sometimes with great specificity by community members. Dignity was the term identified by the federal

government in the primary regulation designed to improve nursing home quality of life. Dignity implied a set of values that each nursing home was supposed to adopt. At the Home, dignity was embraced fully. Dignity, as used by members of the Home's community, connoted a reverence for elders and a desire to contribute to their quality of life in a way respectful of their status. Over the subsequent two years, I found that this value was held by members of nursing, pharmacy, administrative, housekeeping and food services staff, whether they chose to be involved directly in the research study or simply to comment on the validity of the findings. Members of the Home's community discussed the importance of treating elders with dignity regardless of the elders' cognitive, physical or social capabilities. In this village, elders were thought to deserve treatment that could be described as dignified, because of their position as elders and care-recipients. Similar, dignified treatment was not always accorded to other members of the community, particularly staff members. These events, unfortunately, lie outside of the scope of this project because, on the occasions staff members were observed to be on the receiving end of verbal abuse by elders and family members, the staff members always requested that I keep the specifics of the negative encounters "off record."

Elders, administrators, physicians, and staff members alike presented dignity as an ideal to be attained through appropriate behavior. In order to better understand the meaning of dignity as a concept, I paid attention to interactions between different members of the Home, focusing on interactions between activities staff and the elders whom they serve. Like my colleagues in anthropology as well as

ethnomusicology, I believe that, in order to deeply understand a shared value, we need to examine the behavior that both reflects and challenges it. Dignity, as a concept, became enacted through set of behaviors that can be described as *facilitative*. Members of the Home's community believed that they treated elders with dignity when they facilitated the elders' growth and independence. Treating an elder with dignity was intimately associated with moments in which one member of the community, usually from the staff, facilitated the independence of an elder or enabled them to learn and grow intellectually, experientially, or spiritually.

On participant-observation methodology

In *Learning How to Ask*, the linguist Charles Briggs discussed explicitly what ethnographers have long understood: it is not enough to ask in the formal interview, we must also listen under less contrived conditions. He found that the information presented to him changed dramatically when he was engaged in traditional activities with his research participants. He discussed the interview in contrast to conversations occurring under less "artificial" circumstances in order to show how richer information can be obtained when the researcher lets go of the artificially constructed formal interview (Briggs, 1986). In ethnomusicology, we do this by making music with our research collaborators, and by paying attention to behavior within and outside of the music performance context.

At the Home, I found alternatives to the formal interview by positioning myself as a volunteer assistant to the activities department. Attempting to understand the

concept of dignity and the behaviors needed to provide an elder with dignity involved a combination of asking, listening, observing and participating in activities. While the study certainly involved dozens of formal and informal interviews, it also involved observing over 200 people in music performance contexts and hundreds of hours' worth of participation in regularly scheduled activities as a volunteer. Only through participation in residential activities was it possible to demonstrate that "dignity" is a deeply held value in this institution and home. More importantly, the participant-observation part of this research showed that treating an elder in a dignified manner at the Home was closely identified with maximizing that elder's independence and development through facilitative behavior.

Treating elders with dignity by facilitating independence

Elders often responded to generic questions about their lives at the Home with concrete examples to support their general statements. The woman who noted that "they do too much because they want to help" gave clear examples of being dressed in the morning instead of being allowed to dress herself, albeit slowly and with assistance. She noted that she prefers to wheel herself in her wheelchair but that sometimes she is given "a ride" all the way down the hallway when she doesn't want one. She considered this to be undignified treatment, disabling rather than helpful. She taught me early on to ask her permission first and then to provide assistance only if she wanted it. "Would you like a ride?" I learned to ask her, waiting for a response of, "Yes, I'm tired," or "No, I'm fine." Near the end of the research project, she began to agree more often to a ride by saying, "Yes. You walk too fast and I want

a chance to talk with you.” She astutely attributed the speed of my gait to the increased workload that accompanied my acceptance of a medical position at the Home.

The woman who initially discussed dignity as the fundamental aspect of her happiness at the Home also used concrete examples to flesh out her ideas, but only as we grew to know each other over the following months. She shared many examples of what she considered dignified treatment since her arrival at the Home, some of which she requested remain “off-record,” and the following of which she gave me permission to share.

One way in which she answered my question with examples was by showing me the computer that sits in her well-appointed room. It sat on the desk that the Home provided, and contrasted with the beautiful dresser and comfortable recliner chair she had brought from her home when she moved here. Surrounded by paintings, photographs, cards and trinkets, I had seen the computer before but not recognized its significance. Although I knew nothing of her financial status, I was aware of the mechanisms for payment for long-term care. This is the financial context in which elders at the Home existed:

During the period of data collection, the cost of nursing home care in San Francisco could run upwards of \$400 per day. Unless a person possessed a remarkable retirement savings or long-term care insurance policy, he or she would have, as

someone who required nursing home care, been governmentally forced to spend down all monetary assets until able to qualify for a Medicaid program (Medicare does not cover long-term care). Once someone had “spent down” into near destitution, Medicaid would have begun to pay for long-term custodial care in exchange for garnishment of all pensions and social security. The elder would have been left with only a small stipend. At the time of the study, elders in San Francisco typically received \$35 each month in spending money.

Viewed in the context of the economic reality of custodial care in America in 2006, I was confronted with a glaring question: how could she afford to get a computer? I certainly had no right to discuss her financial situation, nor did she volunteer it. The answer turned out to be one that was typical at the Home. The computer was a gift from a wealthy donor, and it was intended to facilitate her independence, her intellectual growth, and her social networking without placing her under a financial burden that she might or might not have been able to afford.

She told me that, after spending many hours learning how to use the Internet on the library computer, she had been given a personal computer, with Internet access, to keep in her room. She did not widely advertise this gift, acknowledging it as unusual and dependent upon the generosity of private donors. On later occasions, she discussed the significance of several features of the gift. First, she observed that she was only able to use a computer because she was taught how in a computer class offered at the Home, and believed that this access to continued learning was a key

feature of her happiness with the Home. Second, she noted that the computer itself was donated to the Home and then given to her personally, and that this made her feel respected and honored. Common to each step of her growth in computer sophistication were staff members and volunteers who provided her with the technological skills and the computer support she needed.

Introspectively, she discussed the importance of two events, the classes and the gift, in facilitating her ability to maintain her outside social contacts despite the limitations that led to her move to the Home. She had a broad and diverse e-mailing list, and regularly regaled her e-mail contacts with funny stories and beautiful images that she found on the Internet. When she worked on her computer, she transcended the social limitations of institutional life and gave the gift of laughter to those whom she loved. She travelled once again, via the Internet, maintaining ties with far-away friends and loved ones. She continued to learn and grow, and found an opportunity to give back in her relationships. When she sent out entertaining e-mails about cats as gifts to my daughter, this elder participated in the Jewish grandmotherly tradition of giving *tchatchkes* (little gifts) to the children she loves. Though she had no grandchildren of her own, she became a *virtual Bubbe* (grandmother) over the Internet.

The examples above show ways in which different elders, outside of formal interviews, articulated their concept of dignity through the discussion of behavior that they found to be either undignified, by virtue of making them feel disabled, or

dignified, by enabling their growth and independence. Some of the most powerful examples of facilitative behavior at the Home were personal, individualized, one-on-one interactions, but others involved group settings. The jewelry-making class represented one of the latter.

During the first week of research, three elders, two administrators and three staff members recommended that I visit the art room to observe the new jewelry class, which had become popular with two dozen elders. The following is abstracted directly from the field notes written after my first visit to the class. It is included at length here to provide a sense of the busy, noisy contrast it made in comparison with the stereotype of dull, glassy faces associated with nursing homes.⁸

The class is in full swing, with about 10-15 residents sitting at a long table with felted gray beading trays in front of each of them. Another woman is at a separate table, and another resident is painting in the corner and not happy about the results of her painting as she dabs furiously at the center of an apple, trying to turn the pink into white. The noise is deafening, as all of the women, the instructor and the 5 or so volunteers try to talk at once. I stand for a moment in the doorway wondering how best to enter into the dynamic and an activities staff member spots me and comes over, invites me in and introduces

⁸ Note that all names have been omitted and participants de-identified as per the privacy requirements of the UCSF Committee on Human Research.

me to the instructor, who had been standing with his back towards me. This is completely unlike the dynamics I have seen anywhere else [at the Home]. I hurriedly give him the activities staff handout and a consent form, explain “research project,” “arts,” “observation,” “voluntary,” “can I stay and help?” and he says sure, just come on in....

My friend (an elder at the Home) looks fabulous. I help her but only minimally, as she is able to string the clay beads she made herself along with a metal band using a metal wire and a tremulous right hand. The tremor is worse than I recall, and she says it comes and goes. But she works patiently, and I hand her some tape to place on the end of the wire. At that point I realize I am doing exactly what a staff member had warned me against. I am talking and distracting people from their art, so I excuse myself to help two people who are having more trouble.

One woman seems frustrated with waiting and says she doesn’t understand where to put the metal plate. I suggest we just move the beads and look to see where it looks best, and she says it doesn’t matter, then notes that she prefers it centered with equal numbers of beads on each side. I count ten on each side and she asks me to string the beads for her without even making an attempt at it. This is not how I remember her from before the recent death of her husband. In those days, she was eager to try things and did not seem so easily frustrated. Other women need help with directions, with adjusting the size to their wrists,

or just want to talk and find out who I am and why I'm there. By the end of the session, I have been patted on the cheek, told I look too young to have a child in school, told I should definitely have another because "one son and no daughter is not enough" [is she speaking of her own son, an only child, or did she mishear me when I said I had a daughter?], told I am beautiful, charming, insulting, the list goes on. It is more fun than one could imagine....

An interesting shift takes place as the residents begin to finish their projects. Everyone is waiting to have their crimping tubes crimped, and there are only 2 crimpers and only one volunteer knows how to crimp. The instructor is busy crimping and the women begin to get impatient. The only man in the group, who has been conspicuously silent the entire time, remains quiet, but he is alone in this response. I ask him about the bracelet he has made, and he shows me. He is also making a gorgeous pair of onyx-colored bead earrings. In a pathetic effort to get him to open up a little bit, I say, "I notice that your ears are not pierced. Are these going to be a gift?" He smiles a warm smile and quietly, quietly says yes (Field notes, September 2006).

A visiting artist, who adopted the role of teacher, led the jewelry class. He insisted on the use of the term "students" rather than "residents." He clearly stated, "This is a *class*, not an *activity*." In our brief interview, he articulated the belief that the teacher's role is to remove obstacles so that his students can be creative and "focus on design." He carefully reinforced the primacy of artistry and creativity during the

sessions on enameled beads. In these classes, he first lectured briefly about the techniques of enameling, including the need to work with powdered glass and protective gear. After the lecture, the teacher explained that the students (elders) should draw the designs on paper and that he would later replicate them in glass, thereby giving them the chance to design pendants without being hampered by the technical work of producing the final product. The remainder of that class was spent in detailed conversations over design, and several elders later expressed pleasure over the careful reproduction of their ideas in enamel.

One of the few elders who complained about the quality of life at the Home was the man who sat so quietly in the jewelry class. A professional artist in his own right, he told me in our brief interactions that the jewelry class was his favorite activity. He felt that he could express himself properly as an artist only in the jewelry class, and he proudly wore a bracelet that looked like one of his large-scale pieces in miniature. Outside of this one class, he reported that he really only enjoyed the songwriting sessions and the comedy workshops. He stated, in contrast to nearly all of the other participants, that he had been treated in an undignified manner at the Home. He pinpointed his experience with the moment when his metal soldering tools were taken from his room. In that event, this elder said that he felt like he was being robbed of his independence when the tools were confiscated. He said that he regained his personhood only when he and an apprentice took the tools away from the Home and back to his art studio in the community. This incident, like the

previous comments about “too much” help, associated infantilizing behavior with undignified treatment.

After participating in the jewelry classes, a number of women elders began wearing the necklaces that they had made. Like the professional artist who always wore a bracelet that looked like one of his sculptures in miniature, the women in the class displayed their artwork on their bodies. The “students” also began giving the jewelry to friends and family as gifts. Interestingly, the gift shop began offering bead necklaces of similar design, despite the very limited merchandise space in the temporary quarters in the library. These necklaces were frequently purchased by and for women who could not participate in the class.

Facilitation on an institutional scale

The examples above include a “class” that distinguishes itself from the regularly scheduled activities and several very personal experiences. But skilled nursing facilities have borne a federal mandate to provide “activities” for the men and women who live in them since 1987 (OBRA 87). Much in the way that “dignity” as a concept at the home predated the regulatory overhaul, so did the concept of providing interesting and meaningful things to do each day.

In order to understand the many ways in which the activities staff facilitate independence for the elders living at the Home, I would like to first show the breadth of activities offered to elders. Each elder at the Home received a monthly

calendar, organized by residential unit and date, and stapled together on yellow, double-sided, legal sized paper. The calendars were far too long to reproduce within this chapter. Instead, in order to show the scope of practice, I have re-organized the regularly scheduled activities into categories shown on the next page in Table 2. While holidays take place only annually, most of the activities listed occur either daily, like the coffee bar; weekly, like *Shabbat* services and bingo games; or monthly, like the songwriting sessions and opera classes.

As illustrated by the long list of choices, the activities department prided itself on “going beyond bingo!” (Activities coordinator, personal communication, 2007) by introducing any activities that might interest the elders who live at the Home. One of the directors liked to note that, while the sing-along and bingo may be the staple of other activities programs, they represented only two options out of many at the Home. Several of these programs, including the needle arts group with elders who have dementia, the jewelry class, the songwriting workshops and the art studio, received local, regional and, in one case, national recognition between 2006 and 2008.

The activities department at the Home was much more extensive than at most nursing homes and stood in stark contrast to my own experiences as a nursing home provider in medical school, residency and fellowship. While national data about activities coordinators remains unavailable, discussions with activities staff members at the Home and at other local nursing homes suggested a ratio of

Category	Activity
Art	Painting
	Sculpture
	Jewelry class
	Painting contests
	Needle arts
	Independent studios—displays of individual works
Music	Songwriting
	Glee club
	Sing-along groups
	Video karaoke
	Opera history sessions
	Concerts
	Coffee-bar accompaniment
	Cocktail hour
Judaism	Shabbat
	High and low holidays
	Rabbinic and laic-led discussion groups
	Kol Haneslama spiritual care partners/end-of-life care

Table 2: Types of Activities Available at the Home

Category	Activity (continued)
Special events	Dancing Reader's Theater Secular holidays Chanukah/Purim shows
Social engagements and games	Garden café* Coffee bar One-on-one visits* Music performance* Bridge Bingo* Book club* Blackjack* Poker Library*
Other	Pet visits (rabbits, cats, dogs, birds) Dementia-specific sensory stimulus and word games

Table 2: Types of Activities Available at the Home (continued)

* Denotes opportunity for residents to work as volunteers

approximately one activities worker for each twenty to forty elders⁹. Activities coordinators and recreation therapists carried the responsibility of meeting the federal requirement that nursing home residents be provided with meaningful activities, found in the regulations as F-tag 248 and F-tag 249. Most American nursing home facilities belong to the for-profit sector, so they not only lack the philanthropic financial resources of the successful non-profit facilities but also carry the burden of paying dividends to stockholders (All skilled nursing facilities struggle with the burdens of low reimbursement by Medicaid). Despite the financial constraints on nursing facilities, the Home had been able to garner support from the larger community in the form of volunteer services and financial support. During the time of the study, between 25 and 30 people were on staff in the activities department in 2007 at the Home, or approximately one activities coordinator for every 15 to 20 elders.

The Activities department at the Home had been in existence for decades. The administrator, who started the program in its current form, explained that she was herself a musician, but joined the staff of the Home in order to address a concern that residents needed more psychological support. She said she had found the

⁹ Even data about the number of nursing homes and nursing home residents varies from 15,000-18,000 nursing homes, or from 1.2 to nearly 1.6 million nursing home residents (Spillman and Black: 2005), making estimates about staffing almost impossible to pin down.

problem to be boredom, rather than depression, concluding enthusiastically, “They didn’t need another [psychology] ‘group!’ They needed more activities!” She hired a few extraordinarily creative and competent people, who then built an entire department. By 2007, the activities department included men and women with a variety of academic backgrounds including college and graduate training in the humanities, formal music training, certified nursing assistant training, and recreation therapy certification. When activities staff members joined the department, they watched an orientation video and read several booklets that describe goals, documentation and other requirements. The video was notable for its extensive use of music, both as background sound throughout the production of the video, and as an activity of particular importance to the elders and to the Home. Examples of facilitative language are shown in Table 3:

Activities staff training documents
<p>“To provide the resident with a safe environment [in] which one can enhance or maintain physical ability</p> <p>To support the resident’s right for continued education</p> <p>To enhance the resident’s quality of life and self-esteem</p> <p>To support socialization among participants</p> <p>To provide the resident with spiritual enhancement</p> <p>To promote a sense of independence and self-worth</p>

Table 3: Goals for activities department programs

The activities staff members' roles vary according to the residential units in which they work, and according to their specialized skills. For example staff members working on the "end-stage dementia unit" developed expertise in relating to men and women so cognitively impaired that they could no longer care for their own bodies or speak coherently. One activities coordinator described his role there as "waking them up," noting that he used music and gentle touch to help each elder focus on him, to make meaningful eye contact, and to allow the elder to express him or herself by making a gesture or saying a few words (Personal communication, 2006). Another activities coordinator explained the importance of knowing the daily rhythms of the elders in order to find appropriate times in which to make moments of connection. One afternoon she emphasized this point by pointing at two elders reclining in wheelchairs, being fed via feeding tubes and saying, "These two ladies here, you might just write them off, but this morning, they were smiling and [pointing to one elder] she was speaking words" (Personal communication, 2007). Activities coordinators worked one-on-one with elders with end-stage dementia in order to discover opportunities to make meaningful moments of connection.

The activities offered in the residential units filled with cognitively intact elders varied considerably from the approaches taken above in the "dementia units." Activities coordinators developed intellectual programs on units where the elders could still articulate their thoughts clearly. One of the favorite activities on such a unit was the "Philosophies, Ideas and Trends" class co-taught by the Rabbi and an

activities coordinator. In this group, they discussed poetry, philosophy, current events and past history. It was in this group that I discovered a cadre of bra-burning feminists from the 60s who, now in their 80s, continued to debate politics hotly. After observing that, “failing to pass the ERA [Equal Rights Amendment] was the greatest loss of my life,” one of the group’s members noted that, in contrast, leaving the United States to go and help found the state of Israel was one of her greatest opportunities (Personal communication, 2006, 2007 and 2008). On this unit, where many of the elders required assistance with bathing, toileting and transferring themselves to and from a wheelchair, The “Philosophies, Ideas and Trends” group enabled them to continue growing and developing intellectually and spiritually.

The multiple opportunities for growth for the elders, via facilitative practices on the part of the staff members and volunteer assistants, seemed to be more than simply additive in value. The meaning of these activities grew as elders participated in them over time, whether over the course of a single day, or through regular participation in a program over weeks and months. This feature became apparent while observing the affect of one elder as she discussed the activities programs after spending an hour writing sacred music with the professional songwriter and the Rabbi. Her husband had died only a few days before, and she had seemed subdued during much of the last twenty minutes of the group. At the end of the session, I asked her what she considered to be important to life at the Home. In a flood of words, overlapping one another, she (S) and another elder (R) responded by

exploring values and activities simultaneously. As she discussed each new activity, her affect brightened, and she began to smile and speak more quickly.

R: "It's about treating people as a human being, and *useful*. Administration is well educated [pause] with people our ages, so we have good leaders and activities. It really sparks our minds. We talk Torah, and it brings out our creative forces. Music is always creative for the soul, and we have therapy."

S: "And *we have bingo!* And this brings us all together."

R: "We are like a family"

S: "And we feel for each other"

R: "And we all have the same set of beliefs..."

S: "And *we have Glee Club!* And that really brings us all together."

During the conversation, she had explained that the songwriting group was an important opportunity for her to be with supportive friends, but she did not smile until she said "bingo." By the end of the conversation, she was smiling and laughing. Over the course of that afternoon, I followed her through the Glee Club rehearsal and the Residents Council, and watched as she continued to brighten with each activity. By the end of the afternoon, she looked like the woman I remembered meeting when her husband was still alive, smiling and vibrant. When we spoke about the day in later conversation, she verified that the activities at the Home buoyed her spirits, and that they were helping her to survive the loss of her husband, whom she said had been her soul mate. With the exception of bingo,

which she dearly loves, the activities she identified as most helpful were those in which something was created or accomplished over time, such as writing a new song, or preparing for and performing in a concert.

Giving back: Reciprocity as facilitating independence

“Watch the residents [during the Chanukah show] and you will see how much this means to them.... They need to give back” (Field notes, 2006)

In the anthropology literature, reciprocity, the give-and-take between the members of a society, once formed a key area of study. Over time, “reciprocity,” as a term, has fallen out of favor in the academic discourse, but giving and sharing have special importance in the facilitation of growth and independence. I have shown some of the ways in which staff members give their to elders by offering opportunities for social, artistic and intellectual growth. Not surprisingly, I also found that the elders, who received much through facilitative practices, also benefitted from giving to those who help them.

The practice of giving back occurred in multiple settings at the Home. Elders, who previously had contributed to society through work, homemaking and a wide range of volunteer and activist groups, often described their acute awareness of their newfound dependence. Not surprisingly, many elders derived great meaning from presenting gifts to staff, friends and family. Some women with greater physical and cognitive abilities bought Chanukah gifts for the children of staff members and

volunteers. They were able to do so in part because the Home provided regular van transportation to a local mall. Similarly, elders made cards at the annual Valentine's card-making party and sent them out through the Home's mailroom. The jewelry class, like other successful programs at the Home, offered more than just the opportunity to be creative and to learn. It also enabled elders to remain productive, contributing members of society. They not only learned and challenged themselves creatively, they produced jewelry that they could either wear themselves or give as gifts to friends and family members.

A different form of giving back occurred through the Home's volunteer services. One elder was widely recognized because he played on each of the Home's three grand pianos each day and gave weekly concerts on several units. During the research period, fourteen other elders worked as active volunteers at the gift shop, Garden Café, or library. Prior to the Chanukah concert, one administrator told me to pay particular attention to the elders in the chorus. As found in the epigraph to this section, he believed that the concert itself formed a vehicle for giving back to the community.

In 2006, nearly a hundred elders and staff members came to the Chanukah concert. The women in the Chanukah chorus arrived for their performance early in order to receive help with makeup. Many wore new hairstyles and all dressed in their best clothes. They paid rapt attention to the music and afterwards expressed repeated thanks to the staff members who had made the rehearsals and performance

possible. The act of giving to the community enhanced quality of life for all, and was explicitly recognized by participants as being the result of facilitation by activities and nursing staff, who had organized rehearsals and repertoire, provided instrumental accompaniment and vocal instruction, and made it possible for elders to arrive at the concert bathed, fed, dressed and physically ready to participate.

Shared goals, different perspectives: The validation of qualitative data

Identifying a common value within a community differs significantly from the goals of traditional medical research, and relies heavily on techniques that come out of the humanities. Ethnography, the close study of people and their interactions, seeks to incorporate multiple voices in order to develop a more nuanced view of communities. Incorporating multiple views not only enriches the results, it also serves to validate the data by testing observations with other participants and locally-identified experts. In order to validate “dignity” as a deeply held concept, I intentionally sought out new participants in order to see if viewpoints differed based upon elders’ levels of participation in different kinds of scheduled activities. I visited most of the activities venues and then became a regular participant of activities as different as songwriting and cookie baking. New venues for participant-observation were chosen in order to see how values were enacted, reinforced or contradicted based upon situational changes. I looked for evidence of facilitative practices both in my own observations and also in publications by and about the Home that took place outside of my own participation.

As new participants entered into the study, I discovered that they brought the same value of dignity and shared the same language as the original research participants. Although I was unable to recruit nurses, custodial staff, pharmacists and the most reclusive elders, those physicians, volunteers, elders, social workers and activities staff members who did participate concurred that helping elders maintain their dignity was essential, and each discussed ways in which they attempted to facilitate independence, growth and productivity. For example, the founder of the needle arts group said, in a follow-up interview, that their mission was to produce clothing for those in greater need, and that it was this mission that made the group so meaningful (Personal communication, 2007).

In order to see how concepts of dignified treatment and facilitative behavior occurred outside of my research presence, I investigated print and electronic media that had been produced within the Home. The publications and advertising by and about the Home consistently supported the facilitation of dignity through language and through reproduction of elders' original works. The publication of the elders' monthly newsletter *At Home* included elder contributions of poetry, stories, jokes and articles, and monthly "kindness awards" given to the staff by the elders. *At Home* was published each month only because the activities and publicity staff worked together to collect the articles, and to typeset and edit the newsletter, thereby facilitating the transmission of the elders' works. Elders often kept multiple copies of their written pieces, and two elders brought out articles, which they had saved for years, to share with me. Documents about the Home also included a

website full of quotes from elders, publicity materials for donors, and a staff newsletter which promoted the quality of work done at the Home.

Conclusion

Returning to the analogy of the Home as a village with community members who fill different roles, we can look at facilitative behavior as a means for maximizing the independence and growth of the elders who live at the home. Facilitative behaviors encompass organizational, physical and social forms of assistance that are carried out with the express purpose of enabling elders to remain vital, creative, and productive members of their community. Facilitated independence, whether it involved walking through the hallways of the Home or surfing on the Internet, seemed to be an essential aspect of feeling treated with dignity. In an artificially constructed village marked by ethnic, spiritual, financial, physical and cognitive differences, treating an elder with dignity, and enabling that elder to remain as independent and productive as possible, served as underlying values and practices that tied the community together.

Dignity and facilitation can be viewed as key elements of quality of life at the Home, the first as a value and the second as a set of behaviors that reflect and enact the concept of “dignity.” In the medical literature, *quality of life* has grown from an area in need of development (Whitehouse & Rabins, 1992) to one widely acknowledged as central to the provision of long-term care (Kane, 2001), particularly to elders with dementia (Sloane, et al., 2005). Recent research has found quality of life to be of

importance to nursing home residents, workers, and administrators (Kane, Rockwood & Hyer, 2005). Increasingly, both quantitative and qualitative methods are used to address domains of care and issues specific to different long-term care populations. Despite this interest, exploratory studies are still needed in order to understand the practices and processes through which quality of life is maintained or improved.

Unlike typical studies in the medical literature, I rely upon ethnographic research methods in order to address the values articulated by nursing home residents and the processes through which those values are carried out in daily life. Even in the medical literature, we have good evidence that nursing home resident self-report serves as an acceptable gold standard for evaluating quality of life (Kane et al, 2003). In ethnomusicology, of course, we have always valued the words of our research participants. In many ways, music becomes the lens through which we view daily life and the creation of meaning for the communities in which we study. The following chapters, in essence, articulate how music becomes one of the most powerful tools for facilitating elders' independence and growth within an institution.

CHAPTER 3
SONGWRITING:
TRANSCENDING THE BOUNDARIES OF INSTITUTIONALIZATION THROUGH
MUSIC¹⁰

Learning to compose music in a nursing home

The English-speaking elders living at the Home had an unusual opportunity: they were able to participate in songwriting programs. All of these songwriters reported that they had never written music before entering the Home. Most said that they had never even thought about learning how to do so. This chapter focuses specifically on the elders and the facilitators who participated in the songwriting groups at the Home. As noted before, the women and men who lived at the Home during the research period shared a Euro-American heritage, and an identity of “Jewishness.” At the same time, however, they brought with them widely divergent spiritual beliefs, family traditions, economic backgrounds, social interests and language differences. These people had been thrown together into a single institution by a variety of circumstances including personal choice, physical decline, cognitive decline, loss of social support networks, and loss of economic support. They transcended these differences and circumstances in order to create a sense of community through shared food, activities, celebrations and, perhaps most

¹⁰ An earlier version of this chapter was published in the *Oxford Handbook of Medical Ethnomusicology* (2008), edited by Benjamin Koen. Permission to use this material has been granted by Oxford University Press.

dramatically, through music. The women and men at the Home used songwriting as a means through which to continue to grow and develop as adults, and to create a sense of community that transcended the boundaries of the institutional facility in which they lived.

In order to examine the significance of songwriting at the Home, I turn to one of the oldest approaches within contemporary ethnomusicology, Alan Merriam's tripartite model of music as sound, concept, and behavior. This seemingly simple tool offers a richer and more nuanced understanding of what the medical field refers to as simply *quality of life*. The analysis, in turn, follows the songwriting process first from the values or "concept" underpinning the songwriting process through song composition as "behavior," to the resulting "sound," songs, which have taken an important place within the soundscape¹¹ of the institution and have spread outside the walls of the Home. It concludes with an unusual event at the Home, the dedication of the new synagogue and the creation of sacred space. I hope to show that songwriting, more so than almost any other creative activity at the Home,

¹¹ The term soundscape, now commonly used in the environmental music and ecomusicology literature, derives from the term landscape. It refers to the musical landscape of a particular geographic space (as used by R.M. Schafer *et al* in the World Soundscape Project, founded in the 1960s) or of a community. I use the term soundscape to represent both the sonic environment within the physical space of the Home and the musical worlds of its community members.

enabled the men and women who live there to stretch themselves intellectually and to blossom as creative learners.

Among the four hundred and thirty elders who lived at the Home, between thirty and forty, at any given time, participated in songwriting groups.¹² From 1997 to 2006 the songwriters met weekly in small groups in order to create original compositions. Between 2006 and 2008, they met every four to six weeks, with longer, more intensive sessions. In some groups, elders wrote both sacred and secular music, in others, they wrote music based upon Psalm study. The tangible results included a professionally produced compact disc (*Island on a Hill*, 2002), an award-winning documentary (*A 'Specially Wonderful Affair*, 2002), and two internally produced CDs that the Home used for sing-along groups. By 2008, their collective opus consisted of over forty recorded songs and more that were still in development. The singer-songwriter groups received rave reviews from their

¹² As of 2010, Songwriting Works™ continues to actively promote these songwriting techniques on both a local level at the Home in San Francisco, CA and also in Port Townsend, WA. At the national level, in partnership with the National Center for Creative Aging, Songwriting Works™ has developed a strong reputation for the quality of its works, and has been described in both *The Oxford Handbook of Medical Ethnomusicology* and in Basting's *Forget Memory* as a “best practices” program. Training of new songwriters is now ongoing and successful. More information can be found at www.songwritingworks.org and www.creativeaging.org.

participants, and the songwriters eagerly anticipated the arrival of Judith-Kate Friedman,¹³ the composer who ran the groups. As one member of the Psalms, Songs and Stories® group noted, “It really sparks our minds. We talk Torah... it brings out our creative forces. Music is always creative for the soul, and we have therapy.”

Songwriting represented an unusual but highly successful activity within the Home and, as such, provided an opportunity to examine the role of creativity for elders who have been institutionalized. Songwriting groups involved a relatively small proportion of people who live at the Home, with less than 10% of the population participating at any given time. The resulting music, however, became part of the institution’s social fabric, recognized by its community and spoken of with pride by elders, volunteers and staff members alike. Two of the songs have entered the “central repertory” (Nettl, 1995:118) of the Home, one sung throughout the Home, the other sung in a dementia unit that is set somewhat apart from the rest of the institution. In 2007, the songs written in response to Psalm study were used in the creation of a sacred place, when the elders performed the songs during the dedication of the new Synagogue.

¹³ Ms. Friedman waived her right to privacy, requesting that her real name be used. She and I continue to collaborate on projects that are intended to spread her songwriting techniques to other facilities and organizations.

Music as sound, concept and behavior

In his classic study, *The Anthropology of Music*, Alan Merriam divided music into three components, each essential to the understanding of the role of music in culture: the *sound* classified as music, the *behavior* associated with music-making, and the *concept* underlying the entire process. In discussing his framework, he was careful to discuss the interrelatedness of each component:

It should be emphasized that the parts of the model presented above are not conceived as distinct entities separable from one another on any but the theoretical level. The music product is inseparable from the behavior that produces it; the behavior in turn can only in theory be distinguished from the concepts that underlie it; and all are tied together through the learning feedback from product to concept. They are presented individually here in order to emphasize the parts of the whole; if we do not understand one we cannot properly understand the others; if we fail to take cognizance of the parts, then the whole is irretrievably lost (Merriam: 1964:35).

While today's ethnomusicologists engage with diverse disciplines and methodologies throughout the humanities, the arts, and the social, health, and physical sciences, we maintain an abiding interest in the music itself, its performance context and the ideas underpinning the musical processes (c.f. Nettl, 2005:13-14).

Forty years after publication, Merriam's model of music continues to express what many ethnomusicologists study, and it is a useful lens through which to look at the

role of music in an artificially constructed community such as a nursing home. At the Home, music functioned in many ways: as a central aspect of the community's social life; as a creative and artistic outlet; as physical and cognitive exercise; as emotional support and opportunity to experience a broad range of emotions; as a way to maintain a sense of personhood and identity; and as part of the practice and study of Judaism. At the Home, music was used as an opportunity to reach across the divide between those who lived at the Home, those who worked there, and those who visited.¹⁴ Each of these groups consisted of heterogeneous populations, differing in functional and cognitive abilities, in ethnic heritage, religious beliefs and practices, professional training, and in social roles within the community. The nursing home represents a challenging environment in which to build a sense of community, and in many nursing homes, a sense of community may never be found (Shields, 1988). In more conventional locations for ethnomusicology, whether large cities or small communities, we have discovered the key role that music performance plays in creating a sense of community. Even as an artificially constructed institution, the Home was no exception.

¹⁴ Shields made the distinction between those “who live there” and those “who work there” (Shields, 1988) in the dedication of her book. This division, when expanded to include those who visit, the families, friends, doctors and volunteers, makes for an inclusive way to think about the heterogeneous members of this constructed community. Savishinsky took a similar approach in his monograph, foregrounding his role as a visitor (Savishinsky, 1991).

In order to understand how music composition enabled elders to transcend the boundaries of institutionalization, I present songwriting from Merriam's tripartite vantage point. First, I discuss briefly the concepts and values that underlie the songwriting process, and then move into a detailed analysis of the process itself. This involves a blending of the behaviors taking place in the sessions and the ideas and strengths of each participant. I use two different case studies to illustrate different aspects of the process. Songwriting, unlike the sing-along, results in a tangible product, a new song. The third section is devoted to the songs themselves and the role that this new body of music played within the soundscape of the Home and outside of its physical boundaries, as well as the way in which this music was used to make the Home's Synagogue a sacred space for elders, staff, volunteers and visitors alike.

Songwriting as process

The songwriting process itself represents an unusual form of music composition. Brought to the Home over a decade ago by the founding director of Songwriting Works,™ Judith-Kate Friedman, songwriting took place as a "facilitated group process" (personal communication Friedman, 2006). Here the Merriam model allows us to distinguish *behavior* from *concept*, as Friedman stated explicitly, "The intention is always to write a good song. That's what's leveraging the empowerment of the participants" (pers. comm. Friedman, 2007). The *conception of music* did not differ particularly from the goals of other songwriters, "to write a good song," but the facilitated group process, or *behavior* in the Merriam model, differed

greatly from the compositional techniques taught in academic settings. In contrast to compositions written by lone composers, by groups of songwriters, or by members of a band, songs at the Home were created by a group of participants in a consensus-based process led by a facilitator. A careful examination of the behaviors emerging from the same conceptual basis, then, was a necessary prerequisite of learning, for example, how to extend lessons learned in the Home to other institutional settings. Without taking into account how the compositional *behavior* fits into and serves the co-creation of culture in any given social environment, one might easily lose sight of the distinction in *conception of music*, the intention to write a good song even though the songwriters are not professional musicians.

Friedman functioned as a facilitator of the group process and as the expert songwriter within the group. She brought to each group an extensive experience as a composer, a good ear, a solid piano and guitar technique, a beautiful singing voice, and a strong sense of humor. She utilized a combination of teaching techniques and improvised responses to the participants in order to create an atmosphere that she believed best serves new songwriters in the writing of a good song. She stated clearly her belief that every member of the group needed to be heard and validated, in order to be creative. The participants brought to this partnership a lifetime of experience and memories, and a curiosity and interest in learning how to compose songs. The average age in the group was 87 years old, so each participant also brought a history of grief and loss, joy and success, and first-hand knowledge of twentieth-century history. All of the elders had outlived friends and family

members. For many, issues of physical or cognitive decline, and loss of economic or social supports had influenced the decision to live in a nursing home. The group involved a rich mix of emotional, historical, and musical experience—even those who called themselves non-musicians had been listening to and appreciating music for many decades.

Friedman facilitated both sacred and secular songwriting groups at the Home. In the secular songwriting groups, each session started with a repeat of the musical material from the previous session, often sung as a textless melody, known in Hebrew as a *nigun*, and is sung to the vocables “la” and “lai.” If a text had been composed already, she sometimes segued directly into a verse once everyone was singing along with the *nigun*. Rare exceptions occurred on days when a new song was about to be started, when the group began with introductions and brainstorming about topics, both secular and sacred.

Case study 1: A singer-songwriter group session during the holiday of *Purim*

In order to examine the *behavior* involved in the songwriting process, I begin with an excerpt from one of the secular singer-songwriter groups. This group happened to take place during the holiday of Purim, a joyous festival that celebrates the saving of the Jewish people by Queen Esther. In Biblical times, Esther interceded on the behalf of her people with her non-Jewish husband, King Achashverus, thereby preventing his counselor, Haman, from massacring the Jews. Purim is a sometimes-

raucous holiday, involving music, satiric performance (the *Purim Spiel*), the use of masquerade, costumes and noisemakers (*groggers*), and sometimes alcohol.

On this day, in this particular songwriting group, every participant was female and each had either a significant physical or cognitive disability underlying her need for long-term custodial care. A few of the women had both physical and cognitive impairments. Moreover, the wide range of functional limitation was striking. The physical capabilities of participants ranged from total independence in walking and self-care to the need for wheelchairs and assistance with bathing, toileting, transferring, and eating meals. Cognitive capacity varied from completely intact intellect to dementia severe enough to keep women from remembering how to use the elevator to leave the unit. It was remarkable to see how these women, many of whom did not interact outside of the sessions, came together to create a new song. While the occasional comment that seemed unrelated was met with quiet comments of annoyance, the group generally worked patiently and collaboratively, providing space in which all participants could both hear and be heard.

At the songwriting session during Purim, Friedman began by reciting the most recent composition, a poem set rhythmically but not melodically. This change from her usual pattern of singing had to do with the nature of the composition. Friedman observed, “Actually, I always try to start with music, even if it’s a new song day,” and that this particular day it was the spoken “rap” style of the most recent piece that led to an atypical shift from singing to recitation (Personal communication, 2007). The

group responded to the rendition in fairly typical fashion, with everyone commenting at once. The women's ideas and expressions came in rapid succession, challenging the facilitator's ability to respond to each. While the text is transcribed below in linear fashion, at the time, each of the statements overlapped slightly with the one before, as the elders and the facilitator responded to each other. Commentary is placed to the side in brackets as needed for clarification.

As Friedman finished reciting the song "Time," the women responded as follows:

Rachel:¹⁵ "That's nice."

Judith-Kate: "We always like to recap."

R: "You should set it to music."

J-K: "In March we'll talk [segues into discussion of today's group and the goal of starting a new song] What would you like to write about?"

Bea: "Your life."

J-K: "My life?" [She looks surprised]

B: "Your dating life."

J-K: "Mine?" [Now she looks mildly horrified but still manages to smile]

Susan: "It's very nosy."

¹⁵ All names used are pseudonyms, with the exception of the composer and the Rabbi. Ms. Friedman and Rabbi Marder both waived their rights to confidentiality in order to be recognized for their work as the creators of this project, to be appropriately cited for their published works, and to facilitate our collaborations outside of the research.

Nellie: "I just like everyone."

R: "I want to write about Purim." [At this point murmurs of gentle agreement swell and the women nod their heads at this suggestion]

J-K: "Okay. What do you like about Purim?"

Friedman's last question led to a rush of answers, which she quickly captured on a whiteboard for future reference and to encourage the brainstorming. They included: "dressing up, Mr. Haman, Mordechai, Esther, Achashverus," and more. As Friedman finished writing, she asked, "What do we do at Purim?" which led to a second flurry of responses, some obviously relevant and some seemingly unrelated. The relevance of certain comments was nearly impossible to determine because of the cognitive impairment of the woman making the statements. When the contributing participant had dementia, the facilitator and the other participants could never tell with certainty if an apparently unrelated comment derived from an error in cognitive processing, a language issue, or a sophisticated allusion to a recalled image or memory. Because of the potential for musical text to carry both the concrete and the esoteric, the day-to-day and the emotionally charged, the songwriting process provided a unique and flexible interpersonal dynamic that allowed for seemingly unrelated comments to be accepted by the group and incorporated into songs as they emerged. Friedman emphasized this by verbally repeating and writing down seemingly unrelated and esoteric contributions, as well as the more obviously concrete and germane words of the songwriters.

When three lines appeared in quick succession, “Haman was the enemy,” “Haman was greedy,” and “Haman was a louse,” Friedman responded by challenging the group, “If we say louse, we need a rhyme!” to which three more women responded with the words “louse,” “mouse” and “house.” She wrote down the repeated word, “louse,” as well as the rhymes. Within a few minutes, the group had transformed their ideas into a couplet: “Haman was an enemy, a greedy man, a louse. He wanted to kill the Jews in every house.” In a clear reference to the Holocaust, another songwriter added: “In every generation there’s a Haman, no matter what we name him.” Her comment was greeted with a moment of striking silence, as the other women bowed their heads and nodded in agreement.

After giving the group space in which to process this moment of profound recollection and emotion, Friedman gently re-directed the group away from the lyrics and towards the melody. She asked how the verses might work when set to music. In response, one of the “tunesmiths” in the group sang rather than speaking, fitting the words to a diatonic, heavily rhythmic melody that fit both of the couplets above. Her melody was greeted by more nods and encouragement by both facilitator and participants. By the end of the hour, the group had composed a near-complete chorus, one intact verse, and had begun work on several other verses. In closing songwriting sessions, Friedman has told me that she always likes to end with recapitulation, just as she likes to begin her sessions (Personal communication, 2007). She also audiotapes the sessions in order to keep a record without wasting

group time on transcription. Friedman concluded this particular session by singing, reciting and tape-recording the work in progress, as transcribed below:

Friedman singing:

Chorus:

Life is like Purim

Sometimes a masquerade

Sometimes a party

Sometimes we are afraid

Verse 1:

Haman was an enemy, a greedy man, a louse

He wanted to kill the Jews in every house

Friedman speaking:

Esther told the king the truth

Haman wants to kill the Jews

This means he wants to kill me too

And my uncle, Mordechai

Who saved your life, you didn't die

Friedman singing:

In every generation there's a Haman

No matter what we name him

Friedman speaking:

Vashti had high standards

She never pandered

Something good—bad—happy—sad

Ups and downs

Susan speaking, adds:

Esther was very smart. She wormed her way into the king's heart.

During this session, the participants immediately adopted the suggestion that they write a song based on a Jewish holiday that all had celebrated since childhood.

Friedman has observed an overall increase in the number of sacred topics since the secular Singer-Songwriter group moved from Thursdays to the Sabbath. When they began to think about Purim as a topic, the women started to reminisce, entertaining one another with both thoughtful and bawdy anecdotes. When one woman recalled the phrase, “Drink until you can’t tell Mordechai [a hero] from Haman [the villain]!” the room exploded with laughter. Other women came forward with recollections of the costumes they had worn, of making and delivering the traditional cookies, *Hamantaschen*, of singing songs and of watching the grownups at parties when they were still children.

Within the context of writing a song, the songwriters reached beyond their current lives to touch on the past and bring it into the present. They bore witness to a shared set of memories among an otherwise socially diverse group of women.

These women transcended wildly different sets of physical and cognitive challenges in order to find common ground. In a moment of shared community, those who had highly religious or cultural Jewish upbringings and those who had entirely secular upbringings, those with extensive educations and those with limited educational backgrounds, all shared laughter as they recalled the frivolity of the holiday. To a lesser degree, those with dementia were able to participate with those who retained full possession of their cognitive abilities through the inclusion of their contributions by Friedman as she repeated their words and wrote them on the equalizing space of the whiteboard.

While each session had unique features, arising from the personalities of the participants and their choice of topics, each also shared behavioral features. Consensus building took place through the individual recognition of participants and their contributions. Repetition of melodies and text helped to link one session to the other and encourage the participants to sing along as they learned the new material. In the session abbreviated above, repetition occurred verbally as Friedman repeated each brainstorming item and visually as she wrote them down. She was careful to use both visual and auditory cues in order to overcome visual and hearing barriers to communication. Material was made accessible to the group through repetition throughout the session and also when Friedman recorded the contents at the end of the session. Brainstorming continued until a consensus emerged about the topic of the song. Text writing began in earnest only after the women had agreed to write on a topic that brought back rich memories and made

connections between them. Friedman observed to me that groups typically write their first song as a thank you or a tribute to the people who brought the songwriting group to them. For example the song “Island on a Hill,” which paid tribute to the Home as a safe haven, was the first piece composed by the songwriters at the Home. She also notes that songs often reach back to childhood traditions, as in the song “Gefilte Fish” and its accompanying segment, “Recipe,” or to life experiences, as in the song “I’m a Hundred Years Old” (both included in the compact disc, *Island on a Hill*, 2002).

In the second session involving the Purim song, Friedman began by playing the recording transcribed above and then inviting everyone to sing the chorus. The group participated wholeheartedly in the process, and even a few newcomers found themselves joining in within minutes of the start of the session. As an essential part of the process, Friedman also teaches songwriting techniques. She described the timing as follows, “When time and the level of engagement of the group allows, I frequently will spontaneously note applications of the song structure or technique as examples of this arise in the process” (Personal communication, 2007). In my observations of the groups, I found that she only introduced a given songwriting technique after it had occurred spontaneously during brainstorming. She utilized the creativity of the participants in her groups to capture teachable moments, rather than teaching concepts separately. The musical techniques I observed her to teach included rhyme scheme, text arrangement, repetition, chorus construction, bridge

development, and overall musical structure. Her teaching technique remained the same regardless of whether the music was sacred or secular in nature.

Over the course of the two Purim songwriting group sessions, specific behaviors became apparent. First, the elders become increasingly animated over the course of the session, smiling and throwing new ideas into the mix. Friedman has noted that elders who otherwise ignore one another will engage with one another in the context of these sessions, reaching one another through the emerging songs and their performances (Personal communication, 2007). Second, particularly on floors where participants have multiple illnesses, nurses routinely interrupted the groups in order to check blood sugar levels, to administer eye drops and to provide medications. These *medical* moments were soundly ignored by everyone present except for the people receiving the “treatment” who responded by blinking their eyes and saying “that feels better” or “that stings” after the eye drops, or by looking away from the white board and down at the gauze dressings and the drops of blood on their fingers. While the songwriting continued, the “treated” individual was momentarily pulled out of the group process. These interruptions were never observed on the floor where everyone was “high-functioning,” and where the group took place after the morning medicines and before lunch. Close examination of the ways in which medical treatments change when done during or outside songwriting groups lies outside the purview of this chapter, but bears further examination in its own right.

In both the sacred and secular groups, a shift in behavior took place after the group completed a song. After completion of the melody and text, Friedman solicited input regarding issues of accompaniment, harmonization and orchestration. When a trained musician was present at a songwriting session, Friedman said that she would ask him or her to contribute harmony or arrangement ideas. There had been, however, no arrangers or professional musicians participating in the groups for over a year by the time I was observing the sessions. The lack of trained musicians altered the process somewhat. Since writing harmony involved more compositional skill than the group members possessed (during the time of the data collection), Friedman solicited input through a variety of non-technical approaches. Sometimes she sat at the piano and asked the group about the sounds of different chords, other times she spoke in the abstract with the group about their preferred orchestration, and on some occasions she discussed orchestration possibilities with other professional musicians. Friedman observed that her discussions with outside colleagues take place largely in the context of a specific performance of a song (Personal communication, 2007).

It can be difficult to tease apart the degree to which the final song versions reflect the musical voice of the facilitator or those of the participants, but music composed at the Home appeared to be largely distinct from Friedman's own compositions (see, for example, Friedman 2001). Perhaps most importantly, it became clear that the elders had a strong sense of ownership and pride in the final products. Nobody ever

referred to the songs as being written by Friedman. The songwriters claimed the music as their own, with excitement and with pride.

Many participants noted that they never expected to learn how to compose songs, and certainly did not expect to do so in a nursing home. As one elder recalled of his own musical background, “My third grade teacher pulled me aside while we were singing and told me I was a ‘listener.’” Since then, he had self-identified as a poet, and had only come to see himself as a singer and songwriter since coming to the Home and joining first the singer-songwriting group and then the Glee Club. He remarked on the power of relationships to open people up to new experiences, and described his participation in songwriting to be of enormous spiritual significance for him (Personal communication, 2006). His preconception of himself as a non-musician resonated with several of his fellow songwriters. Even the co-facilitator of the sacred songwriting groups observed that it would never have occurred to him to write a song before coming to the Home (Personal communication, 2007).

Case study 2: Psalms, Songs and Stories® and a song written in one hour

The secular singer-songwriter groups are modeled after Friedman’s original Songwriting Works™ approach, but Friedman altered this approach in a special project intended to facilitate the writing of sacred music. The project, called Psalms, Songs and Stories®, was developed in collaboration with Sheldon Marder, the Rabbi

in residence at the Home¹⁶. The Psalms, Songs and Stories® group used what Friedman calls a “text-based” start to songwriting, offering different avenues of exploration but utilizing a similar set of compositional behaviors and concepts. Rabbi Marder has written about this process in two anthologies about pastoral care and described the process succinctly in a newspaper interview.

It’s about a rabbi in the Jewish Home doing pastoral care, using music and Bible on a group level. From the point of view of Judith-Kate Friedman, it’s a song-writing group, but the two of us together are doing something very different (S. Friedman, 2004).

In further discussion, Rabbi Marder has stated that it has been an extremely productive collaboration, leading to new insights for all of the participants, including himself, with respect to Psalm study.

In the Psalm-based songwriting groups, Rabbi Marder first introduces the elders to the Psalm itself. As a scholar of the Psalms, he has collected translations, recordings and interpretations of the psalms for the last thirty years. During the time when I observed the groups he incorporated a selection of translations and poetic interpretations along with the original Hebrew in a booklet with a thought-

¹⁶ Rabbi Marder waived his right to anonymity in writing, as per the UCSF research protocol, so that his professional writings and his collaborative work with Friedman could be appropriately credited. Although the use of the past tense is maintained in this chapter, their work remains ongoing as of this writing and Rabbi Marder has published further on their project (Marder, in press).

provoking photograph or painting on the cover. His conversations with the songwriters typically began in a modification of his usual approach to group pastoral care. He would introduce both image and Psalm, and almost immediately open up the topic to group discussion. Both facilitators brought a strong commitment to supporting the knowledge and insight of the songwriters, which Rabbi Marder often referred to as “the wisdom of the group” and which he drew upon frequently in other aspects of his group pastoral care at the Home (Personal communication, 2007). This respect for the contribution of each elder coexisted with a commitment to consensus building. They not only valued the independent contributions of each participant, but also worked to generate collaboration and consensus-based decision-making as the songs began to emerge.

As a group, they read multiple translations of the Psalms under study, some literal and other more abstractly poetic, and Rabbi Marder provided commentary and background for each version. In these groups, the first few sessions of any given song were devoted primarily to Psalm study, and the lyrics began to emerge slowly as the participants learned more about the context of the Psalm and engaged in thoughtful discussion about it. Throughout the process, the Rabbi captured teachable moments in order to refocus attention onto Biblical study and to allow for new personal insights to emerge. Friedman, meanwhile, used a whiteboard or flip chart and tape recorder to “capture phrases and images given by the elders, captured... verbatim.” She said, “The sessions are linked together with the content and the approach,” calling the whiteboard, flip chart and tape recorder “tools for our

continuity.” She used repetition of lyrics and gentle questioning in order to encourage the development of lyrics, while simultaneously encouraging the Psalm study. Over the course of several sessions on one Psalm, she would begin to ask questions about melody and sound in order to encourage the development of melodic motives for future elaboration. Once a song started to emerge from this group process, the Rabbi made fewer references to the packets, and more to the larger realm of Biblical study. On occasion, this process reversed itself when a melody or musical choice emerged early in the discussions.

Finishing the songs involved a similar process in both the Singer-Songwriter and the Psalms Songs and Stories® groups. At some point in each Psalm study, a formal structure would emerge in the new composition, and, at that time, Friedman’s questions would begin to focus the discussion on song construction. She sometimes sang the song and replaced the “missing line” with traditional *nigun* vocables “la” and “lai,” and asked directly what text belonged in the missing space. In one session, Friedman took a step back and observed that there were already three verses in existence and that the group might want to consider a contrasting melody (a melodic bridge) to place before the last verse. She discussed song structure more explicitly in later sessions in order to test for consensus and to make sure that the result reflected the intentions of the group. She then challenged the groups to fill in what were identified as missing pieces. Participants always rose to these challenges, and even the participant who previously self-identified as a “listener” and a “poet” once found himself composing a tune, caught up in the moment of

exploration. Another participant said simply, “I never thought I would write songs” (personal communication, 2006, but also found at the time in the resident’s interview on the Home’s web site. This interview is no longer available on the website). All melodies were received enthusiastically by Friedman and then sung with the group until the majority of the songwriters were able to sing together in unison.

As I observed it over two years, the entire process was kept relatively continuous, with much verbal acceptance even though the songwriter was continually filtering the contributions through her experience of writing “good” songs. While Friedman taught the songwriting techniques in each group, and Rabbi Marder introduced the Psalms themselves, she and Rabbi Marder worked together to incorporate the techniques of sacred writings into the music in the Psalms, Songs and Stories® group. Rabbi Marder described it as follows:

We have made an effort, over the years, to integrate principles of Biblical poetics... in the songwriting process—to use the Biblical principles as a guide.... So, while the written text is the Psalm, there’s a larger Biblical underpinning to all of the songs we’ve written. I always point it out to the group when we’re doing something that is consistent or not consistent with Biblical poet[ics]. We use different stylistic techniques of the Psalms in our songs; and we use Biblical ideas and theology to decide which way to go when we’re debating a word or phrase that’s loaded with meaning (Personal communication, 2007).

The role of Biblical poetics was brought up explicitly during the completion of a song in June of 2007. Psalms, Songs and Stories® had been meeting to discuss Psalm 126 over the course of three sessions since March of 2007. The “group,” however, had consisted of different participants at each session. During some sessions, key participants were away visiting with family or engaged in other appointments. During each session, the nursing assistants brought in all of the most ill elders so that they could enjoy listening to the music, even though they were too unwell to participate actively. Although the participants had heard Psalm 126, “We were as dreamers,” only a handful of participants had the cognitive and organizational ability to recall what they had learned and retain a sense of continuity from one session to the next. Ironically, none of those participants were present at the fourth session in June, because they had attended a similar workshop on Psalm 126 in the Synagogue that morning. The session discussed below, therefore, consisted of eleven women and three men, one of whom could not see, several of whom were hard of hearing, and none of whom remembered anything from the past three sessions. As Rabbi Marder went to gather handouts for discussion, Friedman began by summarizing the previous discussions and initiating group participation. Within 30 minutes, the participants were shouting out words and phrases, individual notes and then melodic fragments. Within the hour, a coherent text with a song based on an ascending perfect fifth in a minor key had been constructed through consensus and participation. The same line, “Tears (sung near A), Dreamers (E), Songs of Joy

(D-C-D) became the start of two verses, which eventually looked like this on the white board:

Tears Dreamers Songs of Joy

Happiness and wealth

Freylach (lit. joy) and good health

Restore our fortunes

Fill our mouths with laughter

Friedman sang the first three lines several times, and the group sang along. After a few renditions, she looked at the whiteboard and said that she had an idea, and asked what the group would think about reordering the lines to give them a better rhyme scheme. She notated her idea with numbers next to the text, in order to keep the whiteboard clean, as she sang the lines according to the numbers.

Tears Dreamers Songs of Joy

(2) Happiness is wealth

(4) *Freylach* and good health

(1) Restore our fortunes

(3) Fill our mouths with laughter

The group responded eagerly to the emergence of a four-line stanza with an ABCB rhyme scheme. She then started to ask which order was preferred, the stanza with

“restore our fortunes-happiness is wealth” or the stanza with “fill our mouths with laughter- freylach and good health.” As the group began to debate the relative merits of ending the song with the word “health” versus the word “wealth,” Rabbi Marder brought the discussion back to Biblical poetics. “If we did both,” he observed, “ it would be a chiasmic structure,” a form used at important moments in other Biblical texts and passages, including some of the Psalms. The group became excited about the opportunity to incorporate an established poetic structure, and within a few minutes, the song had become complete.

Tears, dreamers, songs of joy

Fill our mouths with laughter, freylach and good health

Tears, dreamers, songs of joy

Restore our fortunes, happiness is wealth

Tears, dreamers, songs of joy

Restore our fortunes, happiness is wealth

Tears, dreamers, songs of joy

Fill our mouths with laughter, freylach and good health

They had chosen to start and end the song with the line about health in order to make it explicit that wealth in this context served as a metaphor for happiness and good health. Given the level of illness that this particular group struggled with, the song had a poignant, personal resonance. The articulation of the value that

happiness was true wealth enabled the songwriters to rise above the limitations of illness and disability.

The use of the Psalm enabled the songwriters to create something sacred, an offering of thanks. This group of institutionalized elders reinterpreted the concepts of dreaming and of fortune restored, which appeared as agricultural metaphors in the original Psalm text, through the lens of health. Despite marked cognitive impairment, the group was able to express the complicated concept that health and happiness had become their most valued assets. They temporarily transcended both the limitations of their own cognitive impairment and the financial and physical limitations of the institutional setting in order to establish a different value system in which laughter and health are the markers of true fortune.

Repertories and songprints: the music of a small community

The songwriters spent an hour or two engaged each month in an intense process of community creation, but then spent the rest of their time residing in the village that they call the Home. As noted previously, a nursing home functions as a community that consists of three groups of people: those who live there, those who work there, and those who visit. Within any small community we can think about music in terms of a common repertory (see for example Nettl, 1995:118), in much the same way that, for an individual, we can think in terms of a “songprint” or a personal repertory of songs (Vander, 1988). Although each member of the community has

his or her own level of musical interest and knowledge, it can be useful to consider those pieces of music that nearly everyone knows or loves.

At the Home, I found only a few songs that everyone knew, because the members of this community came from around the world: nursing staff was disproportionately Pacific Islander or Asian; elders were disproportionately white English speakers or “Russian speakers” (the local gloss for émigrés from the former Soviet Union). That said, a handful of songs were known to many and could be considered to be part of a common repertory. The common repertory is part of the individual songprints of some community members, but learned by others only after moving into or taking jobs at the Home. Best known of all appear to be “Dayenu” (sung only at Passover), “Ofyn Pripetchik,” “Tumbalalaika,” “Bei Mir Bist Du Schoen” (in Yiddish or English), and “Hava Nagila,” followed closely by a core group of songs classified by the community members as either “Jewish,” “Russian,” “American,” or “Classical.”

The newly composed songs might have remained within the repertoires of the songwriters if they had not resonated with the rest of the people, who lived in, worked in, and visited the Home. Instead of remaining in obscurity, however, several songs written by “residents” did enter into the core repertory of the Home in different ways, and became acknowledged with pride to be part of the “Jewish” music of the Home. They entered into the repertory through the availability of a commercial CD in the gift shop, through the making and airing of a documentary

about the songwriting process, and through the use of the songs in different contexts throughout the home.

In the section that follows, I focus on two songs in order to discuss the ways in which the newly-composed has entered the repertoire of the Home. “Chanukah Tonight!” can be found on the CD published by the Home (*Island on a Hill*, 2002), while “You Take Me as I Am” was not selected by the songwriters for inclusion on the CD. They served different musical functions, which were linked to specific contexts for elders, and were performed in different places and at different times, but each was known to staff, to cognitively intact elders and even to some of the elders who had severe memory impairment.

“Chanukah Tonight!”

If you walked into the Home any time in the late fall or 2006 or 2007 and began to sing the haiku “A sheyne meydle is looking for her dreydl. Is it Chanukah?” you would hear an immediate response of “It’s Chanukah, tonight!” sung by elders and staff alike. I have gotten groups of men and women from the Jewish philanthropic community to sing along spontaneously to “Chanukah Tonight!” and several have told me they sang it in their own homes. The only song in the common repertoire of this community that generated a more enthusiastic response was “Hava Nagila,” which most elders have sung since childhood. Only five elders performed “Chanukah Tonight!” in the year of its composition, but the entire Glee Club sang it in the annual Chanukah show by the following year (Friedman, personal

communication, 2008). In addition, “Chanukah Tonight!” was performed and heard on all of the floors throughout the holiday, and on some units it could be heard year round. The CD recording reflected the wishes of the original composers, who wanted it to be accompanied by a klezmer band, introduced by a wailing clarinet and then sung by Friedman and the songwriters. While the songwriter group determined the orchestration, the clarinetist created the solo introduction. In sing-along performances, the introduction was often abbreviated to a few strummed guitar chords or omitted entirely. In concerts at the Home, the staff violinist played a semi-improvised introduction in place of the clarinet.

Even on the designated units for elders with moderate to severe dementia, some of the elders as well as staff could sing along with the refrain “It’s Chanukah, it’s Chanukah, it’s Chanukah tonight!” Over the two Chanukah holidays during the research period, I watched half a dozen elders sing along with the phrase on a regular basis, even though none of them could identify the song in the abstract or articulate the fact that they knew the song. Since the medical literature contains only a handful of case studies showing a single individual who was capable of learning to read and play a new instrumental piece of music (see Chapter 5 for the literature review), this group observation is perhaps the best-documented example of people with moderate to severe dementia learning a new song. With copies of the CD on each floor, it had become part of the soundscape of the institution as well as the central repertory of the people who live there. The text is completely reproduced on the following page:

Verse 1:

A *sheyne meyd* (beautiful girl) is looking for her *dreydl* (spinning top)

Is it Chanukah? It's Chanukah, tonight!

A boy named Mendel is lighting the first candle

Is it Chanukah? It's Chanukah, tonight!

Chorus:

Yes, it's Chanukah, it's Chanukah tonight!

A joyous, *freylach* (happy) holiday

Di eltere mentschen (the older folks) sway and pray

Di kinderlach (the children) all laugh and play

It's Chanukah, it's Chanukah,

It's Chanukah, tonight!

Verse 2:

Applesauce and *Latkes* (potato pancakes)

Chocolate *gelt* (coins) and *tchatchkes* (little gifts)

Is it Chanukah? It's Chanukah, tonight!

We celebrate our history

Remembering the Maccabees

Is it Chanukah? It's Chanukah, tonight!

(Liner notes, *Island on a Hill*, 2002)

At its core, "Chanukah Tonight!" interwove memories, a sense of family and community, the emotions of joy and love, and the experience of celebration,

worship, and fellowship. Melodically, it shared features with the well-known “Chanukah, Oh Chanukah,” a song previously known to the elders on the dementia unit as well as the composers (Friedman, personal communication 2007). Although the elders at the Home came from diverse backgrounds with respect to Judaism, “Chanukah Tonight!” served as a musical sign of shared religious identity and evoked one of the central observances for this community¹⁷. Even though Chanukah is a relatively minor Jewish holiday, it was widely celebrated at the Home, including an annual show produced by the elders every year except during the first year of the research data collection. Even in 2007, when the auditorium was unavailable and the Chanukah show took place in a hallway, “Chanukah Tonight!” served as one of the anchoring pieces, with audience participation welcomed and received.

Like the Purim song discussed above, “Chanukah Tonight!” tapped into lived experience and brought it into the present. In this song, the relationships of celebrations past were brought into the immediate future, “Tonight!” As a new contribution, it reinforced the reality that women and men who live in nursing homes were not “patients” living in some kind of pre-death limbo. When not

¹⁷ See Chapter 5 for a more detailed discussion of musical signs and song recollection. In this instance, the iconic resemblance of the melody of “Chanukah Tonight!” and “Chanukah, Oh Chanukah!” may help to explain its widespread popularity in the home. The use of the clarinet or violin, conjuring images of klezmer bands, represents another form of iconicity of sound (as per Feld, 1996)

actively prevented by forces beyond their control, these women and men remained active, vibrant, and above all, contributing and productive members of their society.

“You Take Me As I Am”

In contrast to the widespread popularity of “Chanukah Tonight!,” “You Take Me As I Am” existed as part of the repertory on only a single floor at the Home, called the Garden Unit. The Garden Unit differed from every other floor in the home because it was designed for those who have Alzheimer’s disease, and who get lost. In order to get to the Garden Unit, one had to be able to read and quickly follow the instructions posted in the elevator, and to push the correct combination of buttons. To get out, one had to first find the buttons hidden in a painting of a Russian *shtetl* (village), then enter a five-digit code, and then push the button quickly. I have been locked into the Garden Unit more than once, much to the amusement of the staff. The ability to learn new music was perhaps most poignant for those elders with dementia, where music somehow seemed to touch a part of them long after speaking and walking had become obstacles to their participation with other people.

“You Take Me As I Am” was the first song written by the Garden Unit songwriters group, and, according to Friedman, was written in part to thank the institution. She noted the significance of this song as the first song composed, because it represented a tribute to the Home, where elders felt accepted as they were. Like the other singer-songwriter group, the elders on the Garden Unit wrote of the Home as their safe haven.

“You Take Me As I Am” had been the first song Friedman sang at her Garden Unit sing-along sessions, even after she no longer led a songwriting group on the floor. By the time I observed the groups, several of the nursing assistants knew it well enough to sing along with her. More surprisingly, so did several of the elders who lived there. It was unclear how often the elders heard the song. It may have been heard only when Friedman makes a monthly visit, but it was possible that the nursing assistants sang it at other times.

In order to witness the way in which recall took place, I once sang “You Take Me As I Am” with a particularly musical elder as we walked to his seat in the dining hall one day at lunch. I first asked, “Do you remember “Take Me As I Am?”” When he nodded, I then sang, “Take me as I am” to the melody of the first line. Without missing a beat, he sang back “Take me as I am,” using the melody of the second line and leading us to sing, “Just being with you is enough for me-e” in tune, in time, in unison. We smiled and he sat down to his lunch. I found out later that he was not present when the song was written, but instead moved to the Home several years after it was composed.

Dementia is a disease process traditionally thought to preclude new learning, yet the men and women at the Home clearly learned new music. In the medical literature, only scattered case studies discussed the phenomenon of new song acquisition (see Braben 1992 for the first of these, and Chapter 5 for a review of the

neurology literature on music and dementia). Yet several of the elders on the Garden Unit had incorporated “You Take Me As I Am” and “Chanukah Tonight!” into their personal song repertoires (one of the activities coordinators notes that they have learned some Michael Jackson songs as well but declined to elaborate). Friedman had known for years that people with advanced dementia could not only compose new music, but could remember it as well. “You Take Me As I Am” seemed ideally suited for learning. It had a catchy, lilting, and diatonic melody in waltz time, and carried a text laden with meaning for those who struggle with impairment. The song resonated with the staff as well, and one activities coordinator considered it a favorite. “There’ll be no weeping, about housekeeping” in the first verse routinely generated smiles from the nursing staff as they listened and sang along, as well as a few of the elders on the dementia unit.

The song had interesting features both in terms of the way in which Friedman sang it, in the sing-along sessions, and in terms of the lyrics it contained. With respect to the sound production itself, it was typically sung to a strummed $\frac{3}{4}$ -time waltz line in diatonic harmony on guitar with gentle slowing of tempo at the end of each of the two verses. Interestingly, the vocal line lay just behind the guitar beat, the effect of which resembled the slowed speech production of many of the elders. This effect was noticeable only when guitar accompaniment was present. Sung unaccompanied, it sounded like a straight triple meter waltz.

Transcending boundaries and reaching beyond physical space¹⁸

Writing songs in the nursing home affords elders the opportunity to bring meaning into their lives. In an intense songwriting session led by charismatic facilitators, the songwriters stretch themselves creatively and intellectually. These sessions stand in stark contrast to the “boredom” which plagues many nursing homes (Thomas, 2003). But the sessions did not stand in isolation in the lives of the songwriters. Once created, their music began to exist independently of its creators, some of whom still resided at the Home and some of whom had passed on in the subsequent years. The early composition, “Chanukah Tonight!” had become a part of the songprint of the institution. Written by a handful of elders a decade before I arrived at the Home, it was learned by hundreds of people who lived and worked at the Home, and dozens of people who visited. It was eagerly shared with newcomers each Chanukah. Two of the early songs had become significant enough, in the soundscape of the home, that they were learned even by elders with significant dementia.

¹⁸ I would like to make a clear distinction between the terms “space” and “place.”

Although utilized in a variety of ways in the anthropological literature, for the purposes of this examination “space” refers to a physically or geographically bounded area. “Place,” in contrast, refers to a space that has been socially inscribed. In other words, when we make a space meaningful, we create a sense of place (c.f. Kaufman: 2003).

We can observe the importance of music composition at the personal and institutional levels, but if we are to fully appreciate songwriting's role in transcending the boundaries of an institution, we need to reframe the concept of community as geographically bounded, and to understand the Home as more than a purely physical space. In his discussion of relationships and the ways in which they transcend geographical boundaries, Arjun Appadurai introduced the concepts of "locality" and "neighborhood" (Appadurai, 1996) as social phenomena rather than geographically bounded spaces. He unmoored locality and neighborhood from spatial and geographical underpinnings, and this approach applied particularly well when viewing the world of institutional care facilities. Using Appadurai's approach, locality becomes primarily "relational," rather than spatial, encompassing the feelings of locality and connection without the prerequisite that everyone resides in proximity to one another. Similarly, neighborhood can be seen to reflect the "social forms" rather than the space in which locality is enacted by its participants (Appadurai, 1996).

Through this lens, the nursing home becomes a *place* in which elders must negotiate new relationships, which is inscribed with meaning that transcends its physical boundaries. The Home, viewed in this way, was a socially constructed place in which localizing moments brought into connection relationships past and present, from within and beyond the Home. The Home was a village with elders who, because of either physical or cognitive decline, had become unable to reside in the broader community and who now found themselves marginalized from mainstream

society. Through the creation of music, song performance, and the interactions and memories that informed the experience, these elders were able to invoke a sense of locality that encompassed their entire world, not merely that of the nursing home “care plan” or “minimum data set” (MDS).

The shared physical space of the institution became the common denominator for people whose localities and neighborhoods were formed prior to their admission into a nursing home, and therefore outside of the bounds of the nursing home.

“Neighborhood,” with its socially reproducible qualities, became both a social phenomenon associated with life prior to institutionalization and an artificial construct within the new surroundings. In the process of living in a nursing facility, elders also negotiated continuously changing relationships with the people who come and go from this village: the nursing assistants, licensed nurses, therapists, staff members, volunteers, doctors, friends and family.

Those who worked and visited the Home actively engaged in the process of creating a new “neighborhood,” a constructed culture defined by “homelike” qualities.

Activities programming staff, nursing assistants and family members engaged regularly in localizing events in order to build the relationships that are prerequisite to the formation of neighborhoods. Activities staff members, through scheduled activities with elders, attempted to foster feelings of community and togetherness, and to provide social and intellectual stimulation to elders who had become physically isolated from their old neighborhoods.

Nursing assistants, through their integral role in dressing, bathing and feeding elders, had the most intimate impact upon the lives of those who live in nursing homes, and were the least willing to become part of the research project. Nursing assistants have the ability to emphasize either the homelike or the institutional qualities of any skilled nursing facility. While they were not willing to participate in the research project, the elders, as their care-recipients, spoke lovingly about the nursing assistants and the ways in which they made life in an institution more tolerable. Families, through visits and phone calls, provided the closest link to the original neighborhoods of the elders. Physicians were notably absent from this process most of the time, regardless of their concern for their patients' health and well-being, because of their specialized role in the provision of medical care.

Transcending the limitations of institutionalization

When elders engaged in writing songs, they drew on the experiences of their entire lives, not merely their time in the institution. However home-like the Home attempted to be, it remained a licensed, Medicare/Medicaid certified, skilled nursing facility with all of the attendant regulatory requirements and restrictions. Through music, elders were able to stretch beyond the regulatory confines, to learn a new skill, to create music, to give back to their communities and to be productive. They engaged in localizing processes, and were able to create a temporary sense of neighborhood. Through song and music, the elders were able to reach beyond the walls of the building, bringing in the emotions and relationships of past

neighborhoods. Since they were in a new place (the Home) during their musical experience, it was as if they are able to bring a little bit of their old neighborhood to their new one. The resulting songs served the additional purpose of enabling the songwriters to reciprocate in a meaningful fashion, a level of productivity typically denied to nursing home residents. The participants brought the Home national recognition and acclaim, and provided their neighbors within the institution with songs that have been widely appreciated.

The compact disc, *Island on a Hill*, was still available for sale in the converted library while I was there. It was still purchased on occasion by visitors to the home, even though it had been produced 4 years earlier. That two of the songs, “Chanukah Tonight!” and “You Take Me As I Am” had become part of the community repertoire, one as a holiday celebration throughout the Home, and the other as a tribute within a closed floor, spoke to the value of the songwriters’ creative contributions. In 2007, the video documentary of the making of the CD won third place in the Best Music Video Category from Just Plain Folks, a grassroots folksong movement. Meanwhile, Songwriting Works™ was awarded MetLife Foundation/American Society on Aging MindAlert award for innovative programs that enhance mental fitness for older adults with cognitive impairments. Both awards became additional sources of pride and accomplishment for the elders. The songwriters expressed pleasure that they had been recognized for the value of their compositions both within the Home and in society outside of the Home. Most importantly to the songwriters in the Psalms,

Songs and Stories® group, however, was a unique opportunity to perform six of their pieces at the dedication of the new Synagogue at the Home.

The elders, in the roles of tunesmiths and poets, had contributed an identifiable piece of the community identity (often called the institutional culture) and for one hour a month were drawn into a process that took them out of the realm of daily life and into a world of creativity and belief. They engaged in a group process of song creation that reconnected them with a rich past and brought their memories into the shared present time. Songwriting in the nursing home was not a mere activity—it was an opportunity for intellectual, artistic, relational, and spiritual development. As such, it fostered a real sense of neighborhood and transcended the artificiality of the institutional life.

Within the Psalms, Songs and Stories® groups, transcendence took on another dimension. Rabbi Marder wrote about this in the excerpt below:

“Psalms, Songs, and Stories” integrates ideas we have explored in these pages: sacred learning as a way to achieve human dignity and adequacy; text study as an uplifting religious experience; the wisdom of the group; the text-centered relationship; text as shelter for those whose well-being is threatened; using poetry and teaching in pastoral care. As in the Psalms themselves, the point of our songwriting is not lyrical perfection but significance Most important of all is the discovery that *God is in the text*—not only in Psalm 128, the Talmud, or a Hebrew poem, but also the new song that is rooted both in traditional

sources and in the wisdom of the group. As one elated participant remarked the instant we completed the Psalm 128 song: “Now I really understand why I believe what I believe.” At that moment, she experienced a mystical sense of her place in the universe, for she was the maker of something that connected her to God. Soon after that, she became seriously ill; and it made all the difference in the world that I, her rabbi, had intimate knowledge of her beliefs (Marder, 2005:205).

This notion of finding God in many texts can inform our understanding of how songwriting in a skilled nursing facility serves the wellbeing of elders from all faith communities, and possibly between them. At the Home, where nearly all of the elders are Jewish, but many of the staff are not, there was a strong commitment to nurturing the faith of the elders, and facilitating their spiritual growth all the way through the end of life. In such an environment, songwriting in the context of Biblical study provided a strong source of nourishment. The ability of music to transcend the physical boundaries of the institution was perhaps most dramatically illustrated during the dedication of the new synagogue in June 2007.

Dedication of the synagogue: Creating sacred space through Torah, prayer and song

After four years of writing songs based upon Psalms study, the Psalms, Songs and Stories® group had a unique opportunity to contribute to the spiritual life of the entire institution. A new synagogue had been built at the Home, and in June 2007, the group was asked to provide the music for the dedication, selecting six songs out

of their opus of twenty. The dedication of a synagogue involved taking a physical *space* and making it a sacred *place* of worship. For participants, this moment occurred when the Torah was first brought into the space. Much preparation goes into the creation of this transcendent experience. In a discussion following the Synagogue dedication, the building architects discussed their deliberate choice of motifs, intended to represent the Ten Commandments, in order to invoke the relationship between humans and God. The architects discussed how they selected colors and materials that they thought would encourage a sense of reflection, and how they designed a table for reading the Torah that could accommodate wheelchairs in order for everyone to participate in services (Personal communication, 2007). Of note, the people present at the Synagogue dedication and discussion with the architects included wealthy donors to the Home, people from “the outside,” as well as those from “inside,” the elders who lived in the Home as its residents.

Rabbi Marder, in creating the dedication program with the administration, advocated for the inclusion of the use of the elders’ songs. The Rabbi spoke with the songwriters during the May session about his reasons for this. He said that he believed it was essential that the Synagogue dedication be accompanied by songs from within the congregation itself, resulting from their study of the Psalms. He explained to the songwriter that the inclusion of their voices and thoughts would add a tremendous significance to the event of creating a sacred place of worship where, before, there had been only a building.

The songwriters enthusiastically agreed, and pushed themselves to their intellectual and physical limits in order to participate. The core members of both of the Psalms, Songs and Stories® groups were brought together, over the course of a hectic, two-week period, for joint rehearsals and performance both at the dedication itself and afterwards at a celebratory open house for the new building. Despite breathing difficulties and mobility limitations, elders travelled over a city block just to get to rehearsals. They practiced in their rooms with compact discs of the songs. They set up special appointments with the Home's stylist to have their hair done and wore their finest clothes. They sang, and worried, and sang their hearts out. They fussed over what kind of water bottles to have available in order to prevent dehydration, even though the Synagogue was not supposed to be a place in which to eat or drink. Even those who were too ill to get through the full service joined in to sing in one of three brief concerts taking place after the conclusion of the dedication. Of great significance to the group, two of the songwriters were Torah-bearers, bringing in the scrolls in the moment that made the Synagogue into a sacred place.

As noted above, the dedication was attended by most of the major donors to the Home, and the synagogue was full of both community leaders and men and women who live in the Home. Boundaries disappeared, and the physical space of the synagogue became a sacred meeting place for a larger community than just the Home. For a brief period of time, the synagogue became a place in which people from "inside" and "outside" could come together and engage in a sacred relationship with the people of their past and with their God.

In the first songwriting session in the new synagogue, Judith-Kate Friedman and Rabbi Sheldon Marder took the time to reflect with the songwriters about the experience. One member succinctly summed up the opportunity saying, "Since I came into the Home six years ago I've heard nothing but 'the new building, the new building, the new building' and I'm glad I got to live to see it." The two songwriters who were part of the procession that brought in the Torah scrolls, spoke about the opportunity to participate physically and socially in a sacred act of worship. They reflected with voices shaken by emotion. The first reflected with wonder, "I was in the Torah procession, which I thought was an honor and privilege I never thought I would have. I just cannot say enough about it." The other responded by stating "I want to thank the Rabbi for the honor of getting to carry the wonderful Torah. I felt so close to God."

These comments emerged from a rare moment when the group stepped back from writing music to talk about the process of writing sacred music and using it to dedicate the sacred space. They were all aware that the congregation during the dedication had consisted primarily of administrators and community members, many of whom were major donors to the Home. In the three short performances that followed, they had additional opportunities to sing for their neighbors, and between the last two performances, to hear the architects of the synagogue discuss the process of creating this place of worship. Each member of the group expressed powerful emotions, calling the experience "beautiful," "enlightening," "incredible,"

and discussing their excitement at having the chance to perform their own sacred music under such public and auspicious circumstances.

Conclusion

The elders who live in the Home shared some features of a common heritage while coming from wildly different “neighborhoods.” They had been thrown together into an institution by a wide variety of issues including physical, social and economic factors, but retained a common desire to remain active, social, and contributing members of their society. They retained, as we all do, their desires for learning and for relationships. Music functioned in this instance as a localizing event and process, helping to draw people together and foster a sense of neighborhood.

Songwriting represented the most unusual of all of the music events and processes at the Home, and was one of the most powerful opportunities for remaining vital, creative and productive. When people from different neighborhoods interacted in songwriting groups, they engaged in localizing moments that created new neighborhoods, brought together by the common desire to write a good song and the opportunity to bring their worlds of experience into the process.

Creating and performing original songs improved the elders’ quality of life and enabled many of these institutionalized elders to remain vibrant and creative adults despite the progression of physical and cognitive challenges. Every one of the cognitively-intact songwriters pulled me aside at some point in the research to tell

me how much they loved the challenge of learning something new and the opportunity to be creative. As one songwriter said, “this is much more than just something to do” (Personal communication, 2008). Many of the participants grieved the external forces that had caused the group to be moved from a weekly to a monthly program. Another songwriter tried to explain how much richer the experience had been when they could engage in creative expression and learning on a weekly basis, summing up her attempts by saying “it is just not the same, we can’t carry the ideas from month to month the way we could when it was every week” (personal communication, 2008). The songwriting groups, at their best, formed an anchoring moment for lives disrupted by institutionalization.

Songwriting provided a unique opportunity for the creation of heritage, the development of a sense of community and the ability to remain productive and contributing members within the institutional village in which they reside. Through engagement in songwriting, the elders tapped into rich stores of memory, combined them with new skills and techniques, and produced tangible cultural products for dissemination within and outside the nursing home. In this way, they were able to transcend the boundaries of the institution both by bringing in memories and relationships that existed outside of the physical space of the nursing home. They remained productive by creating meaningful music that permeated the nursing home, and even passed outside of the bounds of the nursing home as a space through professional recordings and live performances.

In a moment of particular significance, these elders, through their songs and words of praise, by bringing in the Torah scrolls and accompanying them with music, engaged in the creation of a sacred place, the new synagogue. Through physical products, concerts, memories, and moments of sacred transformation, they continued to grow and expand in ways quite unexpected in an institutional setting. To quote one of the songwriters, "It's lifelong learning, all the time."

CHAPTER 4

THE SING-ALONG AS PRODUCTION OF HERITAGE

Preface: The sing-along as stereotype and reality in nursing home activities

Nursing homes, as noted before, carry a federal mandate to provide activities for the men and women who reside in them. Of all the activities provided by skilled nursing facilities, a few stand out as stereotypes: the bingo game, the concerts given by piano players and visiting Christmas carolers, and of course, the sing-along. In her memoir, *Limbo*, the anthropologist Carobeth Laird paints a grim picture of the musical activities in the nursing home in which she resided:

Returning to the Music Room, I should explain that it derived its name from the presence of a battered, out-of-tune, upright piano. Occasionally, one of the deafer “inmates” would bang out something upon this instrument with all the force her feeble arms could muster, holding down the “loud pedal” (as my peers and I called it seventy years ago) while arthritic fingers struck any number of wrong notes. As a rule, the piano was silent except when expounders of religious doctrine or groups of entertainers visited us (Laird, 1979:124).

Laird conjures up a nightmare in the form of unwanted, unsolicited noise pollution. In the many monographs about life in nursing homes, music makes only an infrequent visitor to the institutions. When authors mention music, they typically speak briefly about background music or visiting performers (Laird, 1979; Kayser-Jones, 1981) or tell of an elder who sang alone (Baker, 2007; Diamond, 1992;

Savishinsky, 1991). The only description of a sing-along that I have found in the nursing home ethnography literature comes from Gass' memoir of his work as a nursing home aide:

Kindhearted volunteers occasionally call upon us with microphone and amplifier to preach or lead sing-alongs. Typically the audience response is nearly catatonic. The range of talent among guest performers is fantastic—from the gifted and disciplined to the truly afflicted. We provide a tough, if not discriminating, audience (Gass, 2004: 142).

His assessment, that the response is “catatonic,” regardless of the quality of the performer, suggests a complete disconnect between those on the “outside” and the men and women for whom they perform.

At the Home, in contrast to Laird's nursing home of the 1970s, the music was pleasant. In contrast to Gass' nursing facility of the 1990s, the elders participated enthusiastically in the sing-along sessions. The Home maintained three grand pianos for concerts and had an upright piano on every residential unit. All were professionally tuned. As a point of comparison with Laird and Gass, I offer below a sing-along reconstructed from my own field notes at the Home. It is reconstructed from a set of six sessions, run by the same activities coordinator between 2006 and 2007, that all involved the same topic: patriotic songs.

The nursing assistants have brought 10 people into the room, some of whom have cognitive impairment, half of whom use wheelchairs. The activities

coordinator helps to bring in one woman, settles her into place, and then sits down behind a small table. He says, as he always does with this particular sing-along, "Today we are going to sing patriotic songs." He asks if there are any requests, and when nobody responds, he follows up by saying, "How about this song? How does this line go?" He then segues from speaking into singing, "I'm a Yankee Doodle..." and then abruptly stops singing. Several women immediately fill the pause by singing, in tempo, the next word, of the song "dandy." At this point, the group is off and running. After the elders complete the musical line, he responds by saying "Right!" and singing "Yankee Doodle do.... " Then he pauses again. This time he supplies the words himself after the pause, and by the time he sings them, "or die," the entire group has joined in. Everyone sings in unison from that point on, all the way to the end of the song. When they finish, he reminds them of the line, "called it macaroni," and asks what it means, eliciting the response that it used to mean "something elegant."

This activities coordinator sang *a cappella* and, although he often came prepared with a list of songs, I never saw him use a recording or karaoke machine in the ten sessions I attended. When an elder made a request, he honored it immediately. When the group remained quiet, he provided the next song on his list. He encouraged conversation by asking the elders what things meant, as in the previous request for an explanation of the term "macaroni." He often utilized the technique of interrupting his own singing in order to elicit responses when simple questions failed to do so. This approach generated singing responses from even those who

rarely spoke. At the end of each sing-along session, he serenaded the participants with his “swan song,” the drunken ballad “Show Me the Way to Go Home.” Using a predictable final song both cued the cognitively impaired elders that the session was over, and provided a bridge to the next activity. No matter how many times they have heard it, I have rarely heard people sing along with his swan song. The activities coordinator has told me that, over time, he has found two or three people who sing along with it regularly while the rest listen, and that one woman invariably breaks into laughter. The last time we discussed his “swan song,” his response was to tell me, “[She’s] still laughing!”

Talking with those elders who attend his sing-along sessions, I have heard uniform appreciation of them. In particular, elders have told me that they like remembering songs from their youth, and having the chance to perform. Others have simply said that it is good to have something to do. The three examples of “real” music in nursing homes typify the heterogeneity of nursing homes as places to live, and of the kinds and quality of music that is available to those who live there.

The sing-along in the context of activities programming at the Home

The activities department at the Home provides a written program of the monthly activities to each of the elders who lives there, in addition to daily postings on the white boards in each residential unit. The written activities schedules from the research period showed that the sing-along took place more frequently than any

other type of activity for the elders,¹⁹ comprising twenty to thirty hours of activities each week. In this chapter, I look more closely at the sing-along as a phenomenon particularly well adapted for use in a nursing home, in order to tease apart the reasons for its popularity and the potential for it to become a meaningful part of daily life.

In the next sections I first define the sing-along in order to explore its heterogeneity as a musical genre and to identify the features shared by different types of sing-along activities. Second, I look at the value-laden language used by sing-along leaders and participants alike in order to identify those features of sing-along sessions that predictably result in the assessment that the sing-along was “good” or “bad” by its observers, leaders and participants. In order to validate these ideas, I have used the technique of “dialogic editing” (Feld, 1990). In other words, I have taken the features that recurred regularly in the data collection and challenged them by bringing them back to key participants and soliciting feedback. Sing-along sessions are presented in detail throughout the chapter in order to show how these features work. Finally, one high-stakes sing-along, involving hundreds of the Home’s elders and dozens of the staff members, is presented in order to show how singing together can either challenge or reinforce community expectations.

¹⁹ See Table 2: Types of Activities Available at the Home, Chapter 2 for a complete list of the types of activities.

What is a sing-along, and why should we pay attention to the sing-along? From an academic standpoint, the sing-along can be defined as a mediated, participatory form requiring a leader and participating group members. I assert that the sing-along simultaneously reinforces a hierarchy of functional status while breaking down power relationships between staff and elders through the use of choice, participant agency and a shared investment in the production of heritage via song. From a participant standpoint, however, the nursing home sing-along is something to do in a place that has a reputation for boredom. At its worst, the sing-along is a dull experience, or even unwanted acoustic trauma. The sing-along at its best, though, reinforces a sense of community and neighborhood and allows elders to engage in the production of heritage by bringing music and memory into the present. The sing-along represents a music revival in miniature, with all of the enthusiasm and joy that music revivals can inspire in their participants. Like songwriting, discussed in Chapter 3, the sing-along offers a means through which elders can bring their past into the present and engage in moments of creativity. Unlike a songwriting session, and this is a critical feature, the sing-along does not have to be led by a trained musician. The sing-along is open to us all. As such, it may be a key to developing more humane models of custodial care for our elders.

What are the features of a sing-along?

Over the period of data collection, I observed and participated in over fifty complete sing-along sessions, and dropped in to join portions of many more. I define the sing-along as a scheduled session in which a leader encourages a group of participants to

join in the singing of songs. I differentiate between sing-along sessions and moments of spontaneous, shared music making because they serve very different purposes. Spontaneous moments of music making, whether improvising in a drum circle or singing at the nurses' station, merit separate analysis elsewhere.

Within the group of activities included under the rubric of the sing-along, I found that different kinds of sessions involved different members of the nursing home community. Moreover, sing-along sessions served completely different social functions, even when one sing-along looked very like another in terms of the behavior of the participants. Adopting Merriam's terminology, the concepts underlying sing-along sessions varied significantly even when the behavior appeared to be the same (Merriam, 1964).

During my research, I originally identified sing-along sessions by looking for them in the scheduled activities programs that came out each month. Quickly, I discovered that they carried different titles, such as "Videoke with the CNAs" [certified nursing assistants, or nurses' aides], "Musical Moments," or the more predictable "Sing Along." Once I began observing music activities regularly, I learned that some of the instrumental music activities were concerts while others were clearly sing-along sessions. Labeled generically as "Music with ____," instrumental sing-along sessions could only be distinguished from concerts by asking each musician about their intent and observing the participation of the group members. With instrumental music, I found it even harder to distinguish between an instrumentally-led sing-

along and a concert, because the behavior of the audience sometimes involved a great deal of singing and dance, but at other times involved sitting politely and clapping after songs. The blurring of boundaries was seen both among cognitively intact and cognitively impaired elders.

After the first year of observing and participating in all kinds of musical activities, I began to realize that other musical activities shared important features with the more traditional sing-along sessions. In particular, I found sing-along activities peppered into educational talks for audiences including elders, staff members, volunteers and even wealthy donors in the community. I also recognized that the participation in the glee club rehearsals was indistinguishable from that of the same people when they attended or ran sing-along sessions. After reading and re-reading the data, and speaking with participants from different groups, I realized that sing-along activities occur in a variety of contexts. For the purposes of this analysis, sing-along sessions have been grouped under the following categories (the number of sessions included in the data analysis is placed in parentheses next to each category):

- **“Traditional” sing-along sessions:** An activities coordinator or volunteer led a group of elders in song on one of the units. There was no plan to have a performance result from this activity. (29 sessions)

- **Rehearsals:** Elders came from different units to join in chorus rehearsals for an upcoming performance. This type of activity was often indistinguishable from typical sing-along, even though the intent of the sing-along was quite different. (24 sessions)
- **Staff meetings and guest lectures:** During educational talks, speakers introduced a familiar song in order to get the audience (the Home's staff members, elders, volunteers or philanthropists from San Francisco's Jewish community) to sing along. (5 sessions)
- **Concerts:** Concerts performed by the elders for their entire community always included songs familiar to most of the community members. During the performance, particularly near the end, the entire audience was encouraged to sing along. The most common finale was the Jewish *Hora*, "Hava Nagila," a popular song performed at many Jewish celebrations including weddings *Bar and Bat Mitvah* ceremonies, and holiday celebrations. (10 sessions)²⁰

²⁰ Concerts should be differentiated from sacred services, in which congregant participation was part of an ancient tradition and was *not* viewed as a type of sing-along by members of the Home's community. Sacred services are omitted from this chapter out of respect for the emic view that they do not involve a "sing-along" despite the importance of singing along during prayer. Please see the large body of literature on

Viewed in the context of these categories, the sample sing-along given in the introduction can be seen as only one type of practice among a wide variety of practices. Even within each category, practice style varied significantly by group leader, what in medical scientific language might be considered to be significant inter-operator variability. Some group leaders sang *a cappella*, others used live instruments and others used karaoke machines or CD recordings. Some improvised their song programs, soliciting requests from the audience, while others worked from a predetermined list of songs. All of the sing-along leaders at the Home had their own techniques for eliciting group participation.

One way to categorize the different techniques involves thinking of them in terms of the ways in which they engage with the group members. Each sing-along had identifiable features, such as the use of CDs, video karaoke machines, or live instrumental accompaniment; the use of pre-planned programs or spontaneous song requests; or even the degree to which participants choose to attend a session. Each of these features could be seen as involving variable degrees of active versus passive participation on the part of group members. In some groups, the leader maintained total control, singing along with a recording from start to finish. In others, the leader functioned more as a facilitator, encouraging the participants to choose songs themselves. In order to show how some of the features interact with

Jewish cantorial and congregational literature for details on these practices (c.f. Cohen, 2009; Slobin, 1989; Summit, 2003).

the agency of the participants, Table 4 maps different key elements of sing-along sessions along a continuum of passive to active group participation.

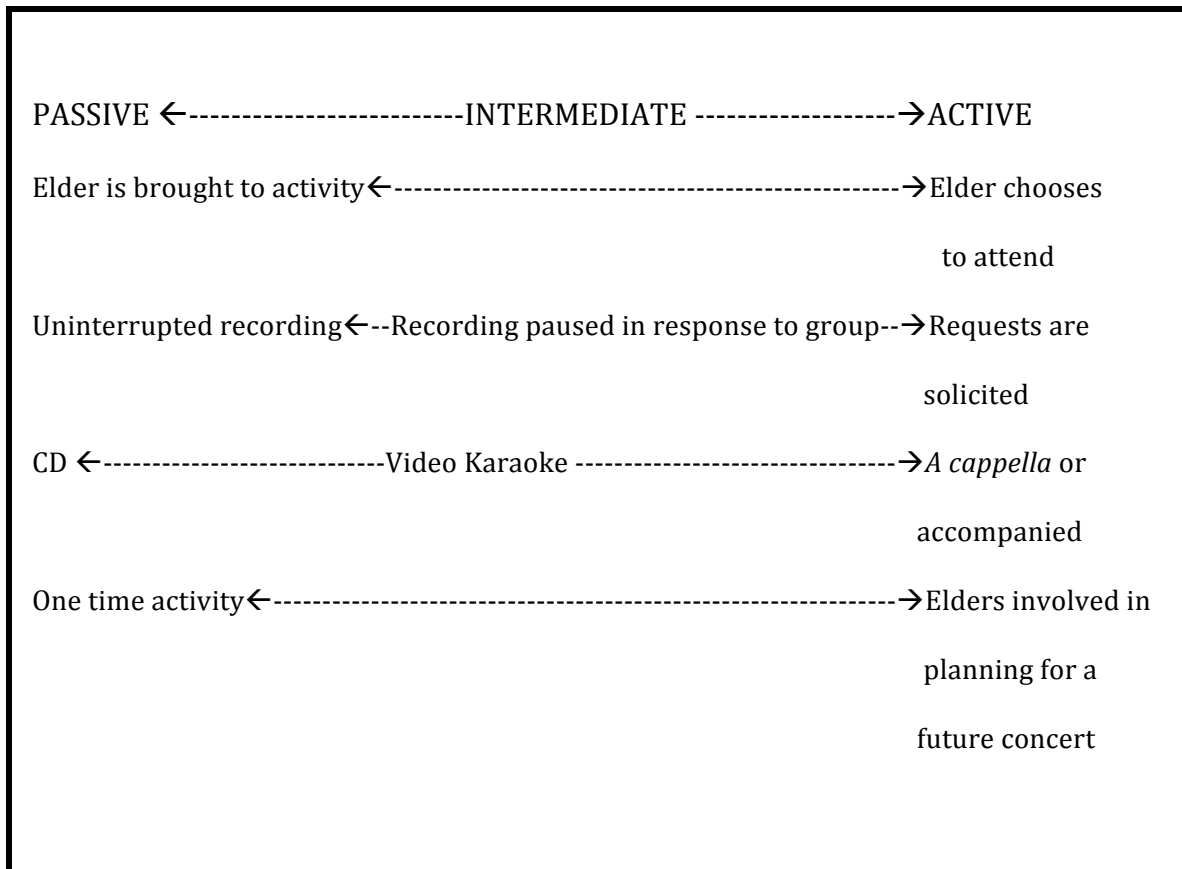


Table 4: Sing-along venues according to level of active participation by elders

Although I observed a tendency for the most successful programs to be those involving more active participation by the elders in the group, I have seen all of the sing-along features lead to consistent participation when the group leader paid close attention to the participants. Overall, the level of group participation at the Home stood in marked contrast to the apathy documented in the memoirs by Gass and

Laird. At the Home, there was typically full participation in groups where people had no more than moderate dementia. Even among groups where all of the participants had moderate to severe dementia, sing-along leaders were able to get three or four elders out of thirty to sing along, and to get another two or three elders to dance with their nursing assistants.

Value judgments and the sing-along

The sing-along was an easy target for criticism, but also prompted praise. Savishinsky, in one of the few detailed ethnographies that pays attention to nursing home social activities, wrote about this phenomenon more generally. He first praised the skills of the director of activities at Elmwood, explaining how her knowledge of the personal history of each elder enabled her to “[weave] what might have been scattered threads of talk into a social fabric” (Savishinsky, 1991:50). He then discussed the ways in which she was criticized for the nature of her work as follows:

Despite all of her skills as an organizer, catalyst, translator, and character reference, however, Denise once confided to me that she labored under a kind of professional stigma. Not only at Elmwood, she said, but at other nursing homes too, there was the common idea that “recreation staff are childish.” It was based on a facile equation of their personalities with the games they sometimes played. They were dismissed as bingo callers, crayon pushers, *song leaders* [emphasis mine]. Lost among the epithets was the art

that the best possessed to animate interests and nurture the creativity of the residents (Savishinsky, 1991:50-51).

At the Home, the activities staff appeared to operate under less stigma than at the “other nursing homes” alluded to by Savishinsky. I found that they received respect for their work in facilitating the intellectual and creative independence, tightly held values within the Home’s community (see Chapter 2). Moreover, scheduled activities were often received with an audible sigh of relief from the nursing staff, who knew that, with elders happily engaged in something not related to their medical issues, there would be fewer call buttons pushed and a brief moment of respite in which to catch up with the endless chore of documentation.

Even without the stigma associated with activities programming at other nursing facilities, the sing-along remained the subject of criticism at the Home. The elders who attended sing-along groups, the activities coordinators who led the sessions, and the nearby observers all spontaneously passed judgment on the quality of the sessions both after their completion and during separate interviews. Even nursing staff members who declined to participate formally in the study smiled when I asked them about this phenomenon and said I could include the fact that they make value judgments, too. In a community in which criticism of physical or cognitive impairment was frowned upon, the sing-along remained fair game for critique.

In the course of the study, I found the value judgments to be surprisingly uniform across the members of the Home’s community. In ethnomusicology, we have long

espoused the notion of cultural relativism, of taking each culture on its own terms without passing judgment. When we engage in research within our own communities, with music that we think of as our own, it can become increasingly difficult to suspend our tendencies towards criticism. I should note here that I agreed almost overwhelmingly with my research participants when they shared their opinions about a particular sing-along session. Their judgments, however, and not mine, form the basis for the determination, in this chapter, that a sing-along was either “good” or “bad.”

Let me be very clear about the use of terms like “good” and “bad” when discussing the sing-along. I use these terms intentionally because they were invoked by participants throughout the research, not simply because I did or did not like a sing-along group. Participants were not only consistent in what they considered sounded good or bad, but also in what types of sing-along sessions they thought to be good or bad. In other words, it became possible to predict the response of the elders based on certain key features of sing-along sessions. Coding of the field notes and follow-up discussion with participants showed the judgment of success in the sing-along to be associated with the features in Table 5.

Perhaps the most striking aspect of Table 5 is the fact that the features attributed to success appear obvious or self-evident once they have been identified. This is not rocket science. We can all learn how to do this. I have asserted elsewhere that, “it is through the understanding of *how* and *why* creativity is important in nursing homes

that we can begin to develop more humane models of custodial care for our elders” (Allison, in press). The sing-along offers us a concrete example of this.

The “bad” sing-along: Features attributed to failure	The “good” sing-along: Features attributed to success
Elders don’t know the music	Elders remember the songs, or “better yet,” the songs are beloved to them
Elders don’t speak the language	Elders speak and understand the language
Tempo too fast (singers can’t keep up)	Tempo appropriate (singers able to sing along)
Little eye contact between the leader and the group	Frequent eye contact between the leader and the group
A competing physical need: pain, hunger, thirst, sleep, need to use the toilet	Physical needs have been met: elders are fed, rested, and physically comfortable

Table 5: Features of sing-along sessions judged to be good or bad by participants

As we examine the process of the sing-along, we begin to identify features that can be reproduced and further studied. Once we understand *how* sing-along sessions work, and *why* they are important to their participants, we can begin to identify a reproducible activity that can be exported to other locations. I would like to spend

the rest of this paper looking closely at sing-along examples that either succeeded or failed, in order to develop an understanding of *how* the groups worked, and *why* they were important to their participants.

Sing-along sessions on the spectrum from good to bad

Observing the “musical moments” group over the course of the research project, and asking them how they managed to have such fun with their participants revealed surprisingly reproducible techniques. They provided a brilliant example of what can happen when there is an element of improvisation and when the music involves the participants fully:

The leader (let’s call her Maria) asks the participants, “do you remember this song?” and the piano player (call him Jimmy) immediately plays a few bars.

“Happy Days!” someone shouts. “Right”, says Maria, “Happy Days are Here Again!” and then they begin to sing, slower at first as the residents begin to join in, and then picking up the tempo. By the end, everyone is smiling and some are clapping along and making requests (Field notes, 2007)

Maria told me, after one of the Musical Moments sessions, that the key was to look at the elders, to then ask about a song that you knew to be a favorite, and finally to give a little introduction on piano or guitar. She made it sound easy, eliding over the amount of preparation required in order to have the prerequisite knowledge of the songs. Her own knowledge of popular song was immense, stretching through a repertoire of American, Israeli, Yiddish, Ukrainian and Russian folk and popular music from the last 120 years. In suggesting that one play “a favorite,” she assumed

that the song leader had already done his or her homework. When I later probed this idea by asking her how she knew what songs would be favorites with her audience, she responded by explaining that she spent her first years at the Home looking up all the songs she could find.

Another popular sing-along leader at the Home said that she would have been lost without the public library, where she went to learn about Klezmer music and find popular songs after a career as a classical piano teacher. Working with approximately 200 elders in sing-along sessions over two years, I found that the individual repertoires, or songprints (Vander, 1988) ranged from popular song from the 1890s through the 1940s. Particularly among people who had dementia, the music requested and preferred came not just from the time of their own childhoods, but also from the childhoods of their parents.²¹

In addition to careful song selection, Maria used specific techniques to solicit participation rather than passive listening. She claimed that participation could be

²¹ My thanks for this insight to Professor Larry Gushee, who responded to my initial project by asking what songs people like to sing and then responding by saying, "But that's the music of their parents' generation!" His observation that people with dementia often respond to the music of their parents' generation has contributed to significantly to my understanding of the role of music recall in the context of dementia, discussed further in Chapter 5.

guaranteed if the song leader simply started the song slowly (below the expected tempo) and then increased the tempo steadily until it reached the expected speed (Personal communication, 2007). She articulated the same technique observed in the popular “Patriotic Songs” sing-along sessions, a technique used by at least four of the activities staff members. As a test, I once tried this technique in a talk that I was asked to present as part of the process of giving back to the community. It turned out to be so successful that I now routinely use it in my own lectures on music at the Home. Through the process of learning her technique, I was able to develop a more clear understanding of how a “good” sing-along is led.

In order to learn the technique, I found that I had to break it down into sequential steps, each of which then became relatively easy to learn. First, I needed to find a song that the audience both knew and loved, a song that would have meaning outside of the context of the lecture. As of 2008, only one original composition by its community had both entered into and remained in what we would consider the core repertoire (Nettl, 1995) of the community. Once the song was identified, it needed to be introduced to the audience in a way that informed them that they would be expected to sing. In a lecture format, this involved first warning the audience that they were going to sing in a few minutes and then asking if they remembered the song just before starting it. Only at this point could I actually use Maria’s advice, by beginning the first line of the song, at a slower tempo than the group expected, and then bringing it up to speed. Finally, I needed a song in which I would be able to

stop abruptly before a key word or phrase in order to allow the participants to fill in the appropriate part of the song with their own voices.

The first time I tried it, I warned the audience, a group of administrators and wealthy donors to the Home, that they were going to have to sing along with me. Several did not believe me, while others laughed and nodded in agreement. Then, I began the first ten minutes of the talk. As it came time for the sing-along example, I asked them if they remembered the song “Chanukah Tonight!” When multiple heads began to nod, I took a deep breath and sang, too slowly, “A sheyne meydle...” Unable to play piano, accordion or guitar, I snapped my fingers to pick up the tempo as I continued to sing, more quickly, “Is looking for her dreydle.” Up to tempo, I finished by singing, “Is it Chanukah?” At that point, the musicians in the audience began to join in by singing “It’s Chanukah...” with me, so I abruptly stopped, leaving the whole room to shout “Tonight!” together. At that point, we all sang the chorus together and everyone clapped. The only challenge was convincing a few people that we weren’t going to have time to go through all four verses. It was a frightening experience for an instrumental musician like me, but the beloved song, the friendly eye contact, a shared language and a well-fed audience, all made for success.

It was more difficult to elicit comments where volunteer-led, or where “bad” sing-along sessions were concerned, as research participants were sensitive to the feelings of others and were hesitant to criticize. Volunteers represented a special part of the community at the Home, who received warm recognition for their

willingness to come to the Home “for free,” and about whom no criticism was tolerated. Volunteers received invitations to an annual appreciation banquet, and informal praise on a regular basis. They were a cherished group, offering much-needed support for a group of elders who had been pulled out of the larger society. On the rare occasions when I heard a member of the Home’s community criticize a volunteer, the comments were made outside of their earshot and in hushed tones. If an elder or staff member confessed to me that they did not like a volunteer’s group activity, they invariably made their specific comments “off record,” and asked me to omit details. I was told that I could use the quote, “We ask [name omitted] to sing on [location omitted] unit because the residents won’t remember after its over,” but I was given permission only with the understanding that I would provide no further details and that I would not publish the quote for several years, and without its original date, a request which I have honored. In all of my time at the Home, I rarely saw the intense concern for privacy articulated as clearly as when it involved the potential for hurting the feelings of a volunteer. In the process of writing up the data, it became clear that I had to tread carefully to avoid such hurt feelings.

Similar concern was shown for fellow activities staff members whose sing-along sessions were not “successful,” but with the understanding that this was because it was not the place for a co-worker to criticize a colleague. Rather they made it clear that it was up to department leaders to educate the staff member and, if necessary, to reassign them. In an interesting turn-about, the best sing-along leaders were often chosen for the unit mentioned in the quotation above because the elders there

were so challenging to engage, and the staff had a strong desire to engage them in singing along and other activities.

Hurt feelings notwithstanding, sing-along sessions were not all considered to be “good.” Elders who had the cognitive capacity to refuse attendance severely criticized certain sing-along leaders, while staff members made more polite, but nonetheless consistently critical comments about the same sessions. A chapter on the sing-along that examined only the best practice examples would not only be biased, but also less informative. It was important to me to present at least one “bad” sing-along in order to demonstrate the features noted in Table 5, but it was very difficult to obtain consent from any other leader of a “bad” sing along session. In some instances, the sing-along leaders, who realized that a session was not working, expressed embarrassed and either asked me not to attend or not to include it in the detailed descriptions. In other instances, sing-along leaders seemed unaware that a session had been criticized, and in these cases, they were kept immune by the community from the criticism in order to prevent hurt feelings. There was no way to change details of a session enough to prevent a violation of confidentiality without doing damage to the data itself, except as generic presentation of the features in Table 5. Fortunately, I was able draw upon the first sing-along session that I ever led, one that served as a source of amusement for many, and came to be known almost immediately as the “crash-and-burn” on the Garden Unit. As a contrast to the other examples at the Home, this sing-along was led when I was still brand new at the Home, untrained and not yet knowledgeable in

the favorite songs of the elders. I have been reassured several times, by several different co-workers, since its occurrence that I don't need to worry anymore because "the residents don't remember a bit of it."

Five months into the data collection, I had begun to feel a sense of acceptance into the community, and had attempted to become a more "helpful" assistant to the activities department. The department, meanwhile, had been stricken by illness during a particularly difficult influenza season. As an alternative to canceling activities, they asked if I would substitute for a regular staff member. I was thrilled to be treated like a legitimate member of the team, and happily signed on to work for the rest of the day. In the process, I agreed on about 15 minutes' notice to lead a sing-along on the Garden Unit, a residential area designed to help people with dementia who "wandered," in other words, for people who could walk but who had no idea where they were going.

Asked to help out on the spur of the moment, I realized that I had no idea what I was doing. I looked to a very sophisticated sing-along leader for help, but she did not understand what I meant when I asked for advice on how to actually engage a group of people who had no short-term or working memory. For her, the sing-along had become a completely integrated, intuitive and easy experience. For me, however, it was completely foreign. I had only attended a handful of sing-along sessions, and had not yet begun the iterative process of analyzing success and failure, or of

bringing my ideas back to participants so they could question, reinforce and challenge them.

In hindsight, it was clear that I made three gross errors in preparation. First, I arrived without my flute (I am an instrumental musician), leaving myself unable to fall back on a concert performance. Second, I arrived without an interpreter, and the only elders interested in participating that day spoke no English. Third, I brought only English-language music. The result was chaos: three non-English speakers shouted at me, nobody sang, and my voice became weaker and more insecure by the minute. I made the mistake of asking, “What would you like to sing?” to a group of people who either understood English and did not want to sing, or wanted to sing but didn’t speak English. Even had the English-speakers wanted to sing, I had offered them an open-ended question that they could not possibly have answered because of their cognitive impairment. Recognizing the magnitude of the mistake, I attempted to introduce song after song, while the elders either gazed elsewhere or demonstrated their frustration verbally. Not a single person sang along. Even I knew that this was “bad.”

In an attempt to help, the nursing assistants suggested that I use the Videoke™ (video Karaoke™) recording that they used regularly with great success. I tried it. Unfortunately, it was made up of music from the 1950s, unfamiliar to me. Each time I tried to read the lyrics off of the television set, I lost eye contact with the elders and they began yelling again.

Just as I was ready to cry, and the nursing assistants were losing their battle against good-natured giggles, I was saved by the next activity. One of the favorite piano players came in, tall, slim and dashing, with sparkling blue eyes, a dazzling smile for everyone, and his piano fake books in hand, a musical knight in shining armor. The room went completely silent for a moment. The angriest woman stopped yelling and said hello in Russian. The nursing assistants quickly re-oriented the wheelchairs so that people could face the piano and not the TV. I told him how grateful I was to see him and turned off the Videoke™ tape of 1950s pop. After two bars of introduction to “Bei Mir Bist Du Schoen,” from the room was his. “Bei Mir Bist Du Schoen” is a Yiddish song from the 1930s that was popularized by the Andrews Sisters in an English language version. I have since learned that “Bei Mir Bist Du Schoen,” along with “Hava Nagila” and “Dayenu,” is one of the handful of songs that most of the Home’s community knows by heart.

People began clapping, smiling, and one person began to sing along, even though the piano music was supposed to be a concert, not a sing-along. The contrast in audience participation was so great that the pair of events formed the initial frame for an examination of sing-along sessions in more detail. The first activity involved someone with obvious stage fright, a complete lack of the musical repertoire, and a technical setup (video recording) that made it impossible to make eye contact or to respond visually to the audience. The second activity involved a beloved member of the community, live music and songs that everyone already knew. One of the

residents of a nearby floor explained the piano player's popularity among both English and Russian speakers to me this way: "He doesn't speak Russian, but *he plays Russian music* [emphasis in the original]." She said that his knowledge of the Russian popular repertoire bridged the language barrier. The pianist himself noted that he has learned a few words of spoken Russian as well, so that he could relate better to the Russian speakers in the Home.

A comparison, then, of "good" and "bad" sing-along groups, revealed much about *how* a sing-along works. "Good" functioned as an accurate proxy for effectiveness or what biomedical researchers call *quality of life*. If people have enjoyed themselves, and had an hour of "quality of life," we might expect that they would describe the experience as good instead of bad. The good sing-along groups use a variety of tools, including video and audio recordings, live instruments and song books, and a variety of techniques, ranging from solicited requests and improvised segues from piece to piece, to pre-planned programs. Such sing-along sessions depend on a process of engagement, in which the goal is to have full participation from the group, including smiling, singing, dancing and singing along. A careful examination of the ways in which sing-along leaders reach their goal of group participation suggests that we can, with careful study, begin to develop best-practices techniques that can be reproduced and exported to other facilities, where the quality of life may be in need of improvement.

The sing-along as revival and the production of heritage

We can use ethnomusicological methods (in the form of participant-observation and performance studies) to understand *how* the sing-along works in its most successful moments, and how it fails to encourage participation under other circumstances.

But before we think about engaging in the development of reproducible “good” sing-along practices, though, we should take time to ask *why* they have meaning for their participants. In this section, I focus on theoretical approaches from

ethnomusicology in order to understand *why* the sing-along works. Following on the work of McDonald, Livingston, and Kirshenblatt-Gimblett, I assert that the sing-along functions as a music revival in miniature, engaging in the production of heritage and creating meaning for participants because the songs involved have meaning that transcends the moments of a given sing-along.

I would like to focus first on the iterative nature of performance. Taking from Judith Butler’s work on gender as a performative act (Butler, 1993:2), David McDonald (2009) makes a compelling case for an application of her ideas to music performance. In his construction of a poetics of violence, he demonstrates how the meaning in music derives from its repeated performance. He takes us away from the notion of the song as an object and puts us into the realm of music as an event that occurs with people over time. McDonald, albeit in a very different musical context, shows how repeated performances of the same act, or the same song, do not simply create expectations among the participants. Repeated performances create *meaning* for the participants. This is of special importance in the context of a

nursing home, where so many daily events have been medicalized and stripped of meaning.

The sing-along represents a powerful opportunity for moments of meaning for its participants, because it engages in the production of heritage. Heritage, as theorized by Kirshenblatt-Gimblett, “produces something new in the present that has recourse to the past” (Kirshenblatt-Gimblett, 1995:370). She theorizes that heritage “adds value” to the obsolete, and enables people to reach back and bring things of value to the present. Certainly the popular song choices in sing-along sessions at the Home reflected this, as many of the frequently performed works were originally written between 1890 and 1940. The songs at the Home reflected the kitchen culture of the elders, the songs from their parents’ childhoods as well as songs heard on the radio when they were small.

In the context of the sing-along, we can begin to think of the sing-along as much more than a simple “trip down memory lane.” The sing-along as a performative experience in reminiscence enables its participants to engage in the production of heritage. Singing old songs together enables elders to find new use for old experience, and to create something new which has meaning for them because of its role in their individual past lives. The iterative nature of cultural performance helps us to see why people choose to sing the same songs over and over again, as they do in the “Patriotic Songs” sing-along. Although the melodies and texts remain the same, they become imbued with new qualities with each performance. With each

iteration of a performance, participants have recourse to a growing number of past performances, and the memories and emotions associated with them. For those who have dementia and cannot remember recent performances, the sing-along nonetheless offers them access to remote memories that have been preserved and that often carry great importance for individuals.

Although the sing-along may be viewed as an aberration, an artificial construct designed to ameliorate the devastating boredom of institutionalization; I find it more useful to think of the sing-along as a music revival in miniature. While at first glance the music revival may not seem to have much in common with the sing-along, I would assert that shares significant features with the sing-along performances found in nursing homes. As Tamara Livingston observes “revivalists position themselves in *opposition* to aspects of the contemporary cultural mainstream, align themselves with a particular historical lineage, and offer a cultural alternative in which legitimacy is grounded in reference to authenticity and historical fidelity” (Livingston: 1999:66).

Whereas the music revival occurs in the larger community, involving younger people, the nursing home sing-along sessions I observed occurred in the constructed environment of the nursing home activity room as a means of legitimizing the lived history of the elders. The younger people were involved largely as leaders of sing-along groups, gaining their legitimacy with the residents through their knowledge of appropriate songs. Sing-along sessions were explicitly designed “to improve existing culture through the values based on historical value

and authenticity expressed by the revivalists.” In the Home, the term “revivalists” could have been interchanged with the term “activities staff,” as there was a thirty-year tradition at the home of using music, particularly the music from the time of the residents’ childhoods and early adulthoods, to improve the lives of residents.

That said, I do not want to over-impose this analogy. Livingston was talking about a larger movement, and I am speaking of small, individual, performative events.

There was, however, a shared value in the contemporary reproduction of older pieces of music for the joy and benefit of the community, and it was set in opposition to the musical scene as usually experienced by activities staff members outside of their work environment. In this context, I discovered the music revival in miniature: a one-time performance of music from the past. In the context of concerts by elders for the nursing home community, I observed an event that more closely resembled a music revival, as elders and staff members worked together to produce “a coming together, a convergence of various circumstances and personal motivations centering on the fascination and emulation of a music culturally and historically distanced from the present” (Livingston, 1999:81).

The high-stakes sing-along

The role of expectations has been discussed in many places in both musicology and anthropology. For example, Myerhoff’s analysis of ritual among Jewish elders provided a compelling understanding of the reactions of participants in Jacob Kosed’s annual party at the Aliyah Senior Citizens’ Center (Myerhoff, 1978: 213). In

the last section, I have tried to explain how the repetition of the same songs leads iteratively towards the development of intense meaning for participants. In order to demonstrate this, I would like to discuss what I have come to think of as a high-stakes sing-along, a concert of music performed by elders at the Home for its entire community.

The concert, in this case, represented the culmination of months of rehearsals, each of which was identical in behavior to traditional sing-along sessions at the Home. During the months before the March concert, a celebration of Purim, a number of musical and non-musical issues had come to the foreground of the discussions among members of the Glee Club. First, the annual Chanukah show, the pinnacle of performance venues at the Home, had been cancelled. While I was initially told that the show was cancelled because of the need for quarantines to minimize the effects of influenza during “flu season,” it eventually became apparent that a primary issue involved construction.

The major construction project, that physically altered the Home’s environment throughout the research period, had caused the “Main Lounge,” the Home’s proscenium theater, to be cut off from anyone who could not climb the stairs up to the Home’s main entrance. Without easy wheelchair accessibility, there could be no staged productions of the Chanukah show for either the elders in the Home or the outside community. Saddened, the Glee Club members had replaced the Chanukah show performances with a single concert in a lobby set between the physical

therapy department, the elevators, and the construction hiding the soon-to-be reopened Garden Café. As a consolation, they were told that there would be a big Purim show in the theater.

Unfortunately, with the construction came delays and, by February, it was clear that we would still not be able to use the theater in time to rehearse and perform a show for Purim. Staff members, volunteers and elders alike expressed mild frustration over this all too foreseeable complication. A few people spoke about putting together the Jewish tradition of a *Purim Spiel*, a funny, satirical play genre that makes fun of everyone and everything, but nobody seemed to have the time needed to create a script. The result was that the big Purim show turned out to be a modest concert in the open lobby, where the Chanukah show had taken place, at 2:00 pm on a Monday in March. Designed to end in time for the change of shift at 3:00 pm, the show suffered predictable intrusions as nursing staff members clocked in and out, and came and went as different elders required individual care.

During the rehearsals of the Glee Club, everything looked much the same as it did during a regular sing-along. Because of limitations on the research protocol, I was unable to watch the rehearsals of the Russian Chorus. In each of the Glee Club rehearsals, two activities members and I passed out sheets of paper with large-print lyrics while another accompanied on the piano. We solicited suggestions at each rehearsal and sought out and typed up the lyrics before the next. Midway through the 11:00 a.m. rehearsals, the nursing staff stopped in to administer eye drops and

do finger stick blood sugar checks. The activities were very much the same as in sing-along sessions in which a songbook was used.

Somewhere along the way, an activities staff member suggested that we end with a new song this year instead of our standard finale, “Hava Nagila,” which was always performed as a sing-along with the audience. She suggested that we do “Those Were the Days, My Friend,” an English translation by Gene Raskin of a Russian standard, “The Long Road” (composed by Boris Fomin in the 1920s, with words by Konstantin Podrevskii). One elder said clearly that the piece was not appropriate for a joyous holiday that celebrated survival, but somehow her voice was lost in the flurry of activities. In both English or Russian, the lyrics are depressing, but the tune is lilting and the chorus can be sung with the vocables “lai lai lai lai la la,” creating an unusual opportunity for unison singing in a multilingual group. When I asked staff members about the decision to change the final song, they said that they worried about “Hava Nagila” getting boring and predictable, and that they thought the final chorus would provide a rousing, unison finish to the concert (Personal communication, 2007).

The concert started well. The show, then twenty minutes in, had received a warm response by the hundred and fifty elders and staff members in the lobby. Passers-by had been quiet and five to ten people were dancing along with the different pieces. The few pieces that were given new texts by two elders, in order to make fun of the Home in *Purim-Spiel* tradition, had received smiles and laughter. The announcer

made it clear to the audience that the show was coming to a close by saying “At the end, the Glee Club is going to sing the next song, the finale, with the wonderful Russian Chorus.”

At this point, the atmosphere in the room began to change. Sung by a room full of institutionalized 80 year olds, all of whom could no longer live at home because of physical and cognitive limitations, “Those Were the Days” took on a painfully poignant tone. As the Glee Club reached the English version of the chorus, a few members of the audience began to shift uncomfortably. The discomfort increased during the chorus as transcribed below:

Those were the days, my friend,
We thought they'd never end
We'd sing and dance, forever and a day
We'd lead the life we'd choose
We'd fight and never lose
For we were young, and sure to get our way.

By the end of the song, the audience appeared stunned, and Glee Club members shifted uncomfortably in their seats. There were only two seconds of polite applause, followed by silence, in marked contrast to other concerts. Some elders in the audience had been shocked by the decision, but did not tell me so until later in the week. None of the elders in the Glee Club admitted to liking the idea when I polled them after the fact, but only one had said so when they were asked what they wanted to sing, leaving open the possibility that they also underestimated the

impact the song would have on the audience and did not want to appear complicit in the decision to sing the song.

Into the devastating silence, the announcer said, hopefully, "Well, everybody, that's our show," and looked out into the sea of murmuring voices and shocked faces. Then she said, in a louder tone, "Would you like to hear an encore of anything? Yeah? No?" and after a pause an voice quietly said "Hava Nagila." Not missing a beat, she said "Hava Nagila! Okay! Hava Nagila for everybody," as more voices, mine included, shouted "Hava Nagila!"

Those of us in the Klezmer band scrambled to collect music and instruments while the violinist and pianist began their slow introduction, accelerating gently. Audience and chorus members began singing along well before the introduction was complete. Everyone who could sing in the lobby, did sing in the lobby, and spontaneous dancing broke out in the front of the audience again. By the end of the second, faster recapitulation, the room again seemed to warm to the music. This time, the loud applause and cheers lasted for twelve seconds, not two. I asked the announcer, as we were clearing up, why she made the impromptu change to a carefully orchestrated and set program, and she said simply, "it felt like the right thing to do." I agreed then, and agree now. Listening to the audio recording, the difference in response remains sonically apparent and measurable, even when the shocked faces are no longer visible.

If we think about this moment in time through the lenses of heritage and performance study, it becomes clear that the meanings associated with the two songs “Those Were the Days” and “Hava Nagila” were powerful for all of the community members, but most powerful for the elders at the concert. “Those Were the Days,” with its sadly reminiscent qualities and quiet sense of despair, drew upon a very different set of iterations than the joyous “Hava Nagila,” a *hora* based on the verse “Let us be joyful.” The former tune was popularized over the radio, the latter was a song sung at weddings, bar and bat mitzvahs (*B’nai mitzvah*) and other happy occasions. Each song had resonance with the past, and each fit well within this particular revival context, but each drew on a different set of memories and emotions. That each song generated such obvious differences in emotional response from the audience spoke to the power of the sing-along to evoke meaning for its participants.

The sing-along as opportunity

We can think of the sing-along as a unique opportunity to capitalize on music’s ability to bring past into the present, and to create meaning for its participants. Looking deeply at this core activity in nursing home culture, we can begin to see how sing-along sessions get judged as “good” or “bad,” and why people hate the bad ones and love the good ones. I have attempted, in this exploratory chapter, to identify issues of process and meaning in order to understand why this ubiquitous feature of nursing homes is not only worth studying, but worth propagating. As we better understand how to use participatory singing to engage in the production of

heritage and revivals, we can begin to explore the possibility of best-practices models of care in a very concrete sense.

A sing-along does not cost much, relative to pharmaceuticals and other medical interventions. And, unlike the medical interventions, the sing-along has the potential to evoke joy and pleasure in its participants. The sing-along, like music more generally, is designed with *quality of life* in mind. It enables elders, both cognitively intact and impaired, to engage in the production of heritage and to bring meaning into daily life through an engagement with past memories enacted in contemporaneous performance, and shared with those around them. The sing-along is an opportunity to connect past and present, and to build relationships and a sense of community. Done well, it is much more than just “something to do.”

CHAPTER 5

“AND SHE WOULD SING ALONG:”

MUSIC, MEMORY AND RELATIONSHIPS IN END-STAGE DEMENTIA

“You’ve probably heard this story before, but my grandmother, who had Alzheimer’s, couldn’t speak at all, and we would sing the old songs for her, and *she would sing along.*”

-Caroline²², a geriatric clinical provider

Like the colleague above, professional caregivers, family members, nursing home activities staff, clinicians, musicians and volunteers have spontaneously shared with me the experience of watching a completely dependent elder with end-stage dementia “light up” in response to a song. During my research, musicians, family members, physicians, staff members and volunteers have stopped me in hallways, at concerts, over meals and in conferences to ask me to bear witness to their moments of connection through song performance. Both within the confines of my research at the Home and in my personal life, caregivers of all kinds have appeared compelled to tell me about their story, the story of their loved one with dementia, who “remembered” a song. Many of them acknowledged this event as central to their relationships with persons who are affected by dementia. While I am only including those stories collected during the official data collection period in this

²² Pseudonyms are used for the people who recounted their stories. Actual names are used in the story released as a radio commercial.

section, it should be noted that the phenomenon continues. As soon as someone realizes that they have the attention of a physician who is interested in music and nursing homes, they tell me a similar tale. As a clinician and volunteer at the Home, I have seen many elders with end-stage dementia respond to music, and as a researcher, I have heard versions of this story dozens of times. Brought together, these stories can be viewed as variations of a common experience.

In this chapter, I examine a set of stories that represent much more than a simple series of anecdotes. These are the stories of how one person, cognitively intact, reached out to another, who had end stage dementia, and engaged them in a song. In each case, the person telling the story expressed the strong belief that they had connected meaningfully with a person who could otherwise no longer communicate. More importantly, these stories represent a key to creating and maintaining relationships within the context of end-stage dementia. They represent moments of great significance for those who care for and about elders with dementia. I examine them in order to understand why the story of the “remembered” song spills outside of the space of the nursing home and makes transparent the ways in which localizing events transcend physical space for the people involved.

In order to explain why I believe this set of stories to be essential to the development of humane models of care for our elders, I attempt to address several related issues within this chapter. First, I examine two dozen stories of dementia and song in order to identify their key elements and analyze them. Then, using a

representative song, mentioned by two different participants during the data collection, I turn to analysis of the song, and the person remembering the song, as a sign, through semiotic analysis of the song. Once we understand how meaning accrues with each rendition of a specific song, we can begin to develop an understanding of why and how this phenomenon occurs late into neurodegenerative diseases. Second, I take a step back and place my research into the context of the medical literature on music and dementia. Research into music and dementia represents a relatively new development in gerontology and neurology, which has gained a groundswell of interest in the fields of neurology and gerontological nursing over the last few years. In contrast, music and dementia have long been the purview of music therapists. Third, I bring the two together, the phenomenon and our overall understanding of music and dementia, in order to show how people who care for and about one another continue to maintain and create relationships even in end-stage dementia.

Stories of songs remembered in end-stage dementia

Within a week of starting my research at the Home, two musicians stopped me in the hallway on different occasions, insisting that I listen to something important that they wanted to share. Each told a similar story in order to explain their dedication to working with dementia patients. Each said that while playing, an elder who normally slumped and drooled had sat bolt upright and stared at them throughout the performance of a song. Neither musician could recall the song, but both described vividly the shock of the direct eye contact, and the excitement of making a

connection with somebody they considered to be otherwise unreachable. During the same period, a nursing assistant told me about the importance of singing with the residents in order to help them remember and connect and a physician told me that elders with end-stage dementia frequently sang with their caregivers at the Home. Another physician told me to turn on the radio and listen to the classical station, where such a story was being used as a marketing tool for an assisted living facility. The radio advertisement was a thirty second excerpt of a longer, two minute clip that was available as an MP3 file on the website for the assisted living facility. The advertisement, airing on the San Francisco Bay area classical radio station, tugged at the heartstrings, manipulating a personal experience for commercial gain. It bore uncanny resemblance, however, to the stories I was hearing from other immediate family members, some of whom cried as they told their stories. The complete transcription is included below, as it represented the most detailed of the examples included in this study in addition to being publicly available:

Narrator: Today on “Living at Aegis,” Dwayne Clark, of Aegis Living™ tells his true story about the simple power of small moments.

Clark: My mother has been suffering from dementia for over a year. Here’s a person I’ve known for 46 years, but now has trouble remembering my name [sic]. I constantly find myself studying my mother’s face, wondering how it is that the woman who fought the Germans in

World War II, raced elephants in India, herded sheep on a Navajo ranch, and raised four successful children, could not remember.

One morning, Mom awoke very confused, could barely talk, didn't feel well. We got her dressed, fixed her hair and makeup, brought her down for breakfast, but she wouldn't eat. About the same time, my wife put on a Sinatra CD. Within seconds, Mom was transformed. You could literally see the color return to her face. She started to sing and to chat. She even agreed to dance with me. The steps came slowly back to her as we danced to the wonderful song. It was like a time machine had whisked us back to a happier time and place. That single song, that single moment, changed her focus from "I'm old and sick" to "I remember being healthy and happy." Mom spent that morning telling us of dance contests she had won. Some would say, "This is a small thing," but to me, it was one of the largest moments of my life. I got my Mom back that day. My name is Dwayne Clark. I'm the CEO and founder of Aegis Living but, more importantly, I'm the grateful son of Colleen who, now, lives at Aegis....

(<http://www.aegisliving.com/communication.php>)

Because of my emphasis on the nursing home as a community, I want to call attention to the importance of this story not only for the elder, but also for her son. When he says, "it was one of the largest moments of my life. I got my Mom back that

day,” he makes a statement that resonates with the words of the research participants who shared their experiences with me. When I first presented this work at the Society for Ethnomusicology, one colleague was so distressed by her own memories that she had to leave the session, but then asked me if she could share her experiences with me over lunch, and add her story to the project. When my mother first heard about what I was doing, she promptly made a recording for my grandmother and brought it to her nursing home in Stockholm. My grandmother continues to sing along with the songs on the compact disc, even though she no longer speaks intelligibly. In this analysis, though, I would like to focus on the tale as told by others, rather than my own observations, in order to look at the power carried by this narrative of performance.

The stories share the common features of a transformative moment through song, a strong feeling of connection or relationship, and a belief on the part of the storyteller that the person with dementia has “remembered” the song. Each story represented a localizing moment, or a point in which a sense of neighborhood was created (Appadurai, 1996), within the constructed living space of the nursing home. In the preceding radio advertisement, the advertiser discussed the importance of the moment with his own mother. He blurred the boundaries of space as he inferred that similar moments would take place after his mother moved into his assisted living facility and was no longer living in his home.

Out of the twenty-eight stories that were heard during the data-collection period, two were excluded because the storytellers declined to participate in the study and two were omitted because they were told within the context of a doctor-patient clinic visit. The remaining twenty-four stories were included in the analysis. All were told spontaneously either within the context of conversations about music and aging more generally or during non-related topics of conversation. None were elicited intentionally. Since the completion of this portion of the study, many more stories have been told to me, all of which fell outside the scope of the research approval and were therefore not recorded. There were no significant differences between the features of the stories that were excluded and the stories that were included in the analysis.

As part of the analytic process, my early ideas about “remembered” songs were discussed in detail with over fifty storytellers, family members and professional caregivers, who provided feedback and suggestions. The responses were mixed, and led to refinement of the analysis. The responses differed based upon whether I was speaking to physicians or to people who have had a loved one with dementia. Presenting this work to physicians, I met with initial skepticism about what the analysis of these anecdotes meant medically. There was a common question among physicians about whether these instances constituted “true memories” or “conditioned responses.” The questions I asked, however, had consequences for patient care and the realities of daily life for individuals whose opportunities for interpersonal connection are severely limited, and the individuals who care for

them, so the physicians were interested in learning more about the phenomenon. Discussions with people who cared for or about someone with dementia, in contrast, revealed that they knew that people could connect with music long after the advancement of dementia. Not surprisingly, the family members, professional caregivers, and musicians responded warmly and with agreement to the concepts presented below. It became clear that music might be important to people who have dementia, but that it was definitely important to those who care for and about them.

In each case, the song was believed by the storyteller to have been remembered by the person with dementia, and in each case, the event was identified as meaningful and significant to the storyteller, who either cared for or about the elder remembering the song. The stories sometimes involved elders living at the Home, but more frequently, people told me about a family member or an experience that preceded their decision to work, visit or volunteer at the Home. Out of all of the themes present in the stories, several stood out as key themes. Two of the recurrent themes involved the basic characteristics of the elder who did the “remembering.” All of the elders who were subjects of the stories had end-stage dementia. Many elders were unable to care for themselves, half were unable to speak at all and two-thirds of the elders had been institutionalized. Two other recurrent themes involved behavior: the elder with dementia either made eye contact or the elder demonstrated their memory by singing along with the song. See Table 6 for a list of shared themes and for features unique to particular stories. The features of the

person with dementia are listed along the X-axis of the chart. The Y-axis represents the number of people who told a story with this feature. The bars are color-coded in order to show whether the story teller was a staff member, a musician, or a volunteer or family member (“other”)

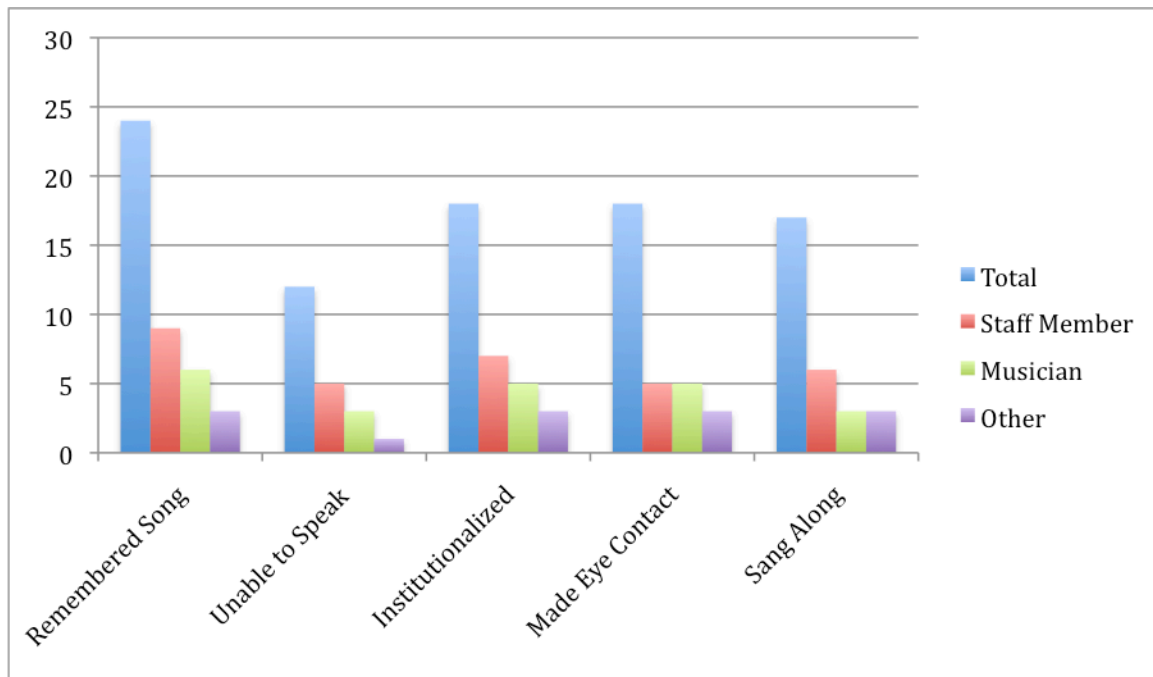


Table 6: Characteristics of twenty-four stories of remembered songs

If we accept that this phenomenon is important to the caregivers, then we need to ask: why music? Why does each song carry such strong meaning to the storytellers, and why does it resonate powerfully enough that it is even used in a marketing campaign? As Turino demonstrates in *Music as Social Life*,

People in societies around the world use music to create and express their emotional inner lives, to span the chasm between themselves and the divine,

to woo lovers, to celebrate weddings, to sustain friendships and communities, to inspire mass political movements, and to help their babies fall asleep” (Turino, 2008:1).

Music routinely accompanies the most emotionally charged moments of our lives, in addition to accompanying us as individuals in the context of our daily lives. If we consider the powerful role of music within culture, then we can begin to see that it is no coincidence that the stories identified by their tellers as profoundly meaningful included the performance of songs. Performance, as discussed in Chapter 4, has an iterative quality. The meaning or significance of a song performance increases with repetition. The songs that are “remembered” are not just random pieces of music. Rather, the songs are usually pieces of music that the people with dementia have known for much or all of their lives. In order to understand how this process occurs, I utilize Turino’s adaptation of Peirce’s framework for semiotic analysis, focusing on the concept of “semantic snowballing.”

Semiotics and the song performance as *index* and *icon*

Charles Sanders Peirce, the founder of the American pragmatist school of philosophy, offered a model for semiotic analysis that was uniquely suited to the interpretation of performance events. Peircean semiotics has been further adapted by Turino for analysis of music performance (Turino, 1999; 2008) and it is Turino’s adaptation that offers us insight into the meaning behind the performance of “remembered” songs in late-stage dementia. Like Peirce, Turino views sign relationships using a three-part model that involves the sign itself, the object

represented by the sign, and the *interpretant*. The *interpretant* represents the effect of the sign upon the observer. The addition of the *interpretant* to the sign and the thing signified, introduced by Peirce and adapted to music analysis by Turino, emphasizes the act of interpretation. Both scholars assert that the effect of the sign upon the object is key to understanding the ways in which different signs work. As per Peirce and Turino, I reserve the term “symbol” for language based, or semantico-referential signs. Musical signs more commonly belong to two other classes of signs under this system: the *index* and the *icon*. An *index* is a sign that functions by co-occurring with its object. Music functions as an index inasmuch as it references past performances and all of those events and emotions that surrounded each of the past performances. The past co-occurs mentally during the performance of a familiar song. An *icon*, in contrast, is a sign that resembles the object it represents, as in the use of a wood block to represent horse’s hoofbeats. We can view Peirce’s model as a triangular figure, using the index as an example of the sign:

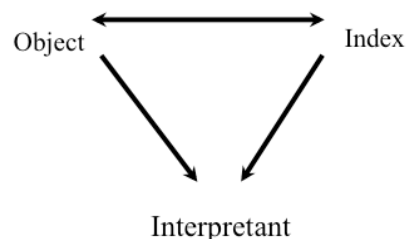


Figure 1: Semiotic relationships

In this case, the sign is the song performance that that the storyteller recounts, and the song that they sang. The objects referenced include that cluster of events and meanings represented by the action of singing, and of the song itself. The *interpretant*, is that effect which the sign has upon the observer, or the meaning that the storyteller has found in the experience of hearing the song as sung by the person who has end-stage dementia. Presumably those who have dementia continue to be affected by signs, as we can observe them to behave differently in response to highly emotional events, even though we cannot ask them once they have become mute.

Both *indices* and *icons* function independently from language and possess a particular ability to hold affective meaning for the observer. As Perman notes,

Signs trigger emotions when they are interpreted as connecting to objects of value (of importance) in a real, unquestioned way. The signs that trigger emotional responses can be seen, heard, felt, tasted, or smelled out in the world, but they can also be memories and thoughts mediating past experiences of the world. (Perman, 2010: 437).

It is the emotional content of musical performance and memory that I find to be key to the increasing impact of song performance over time. In semiotics, this iterative increase in significance is explained by the idea that the *interpretant* itself can become a new *sign*. In other words, there can be a chaining of experiences over time. Placed in graphic form in Figure 2, semiotics offers us a way of talking about what McDonald (2009) and Butler (1993) call the iterative nature of performance. Music performances are not merely repeated. Instead, music performances bring

new meaning with each repetition. In semiotic terms, the *interpretant* of each performance becomes the *index* or the *icon* of the next.

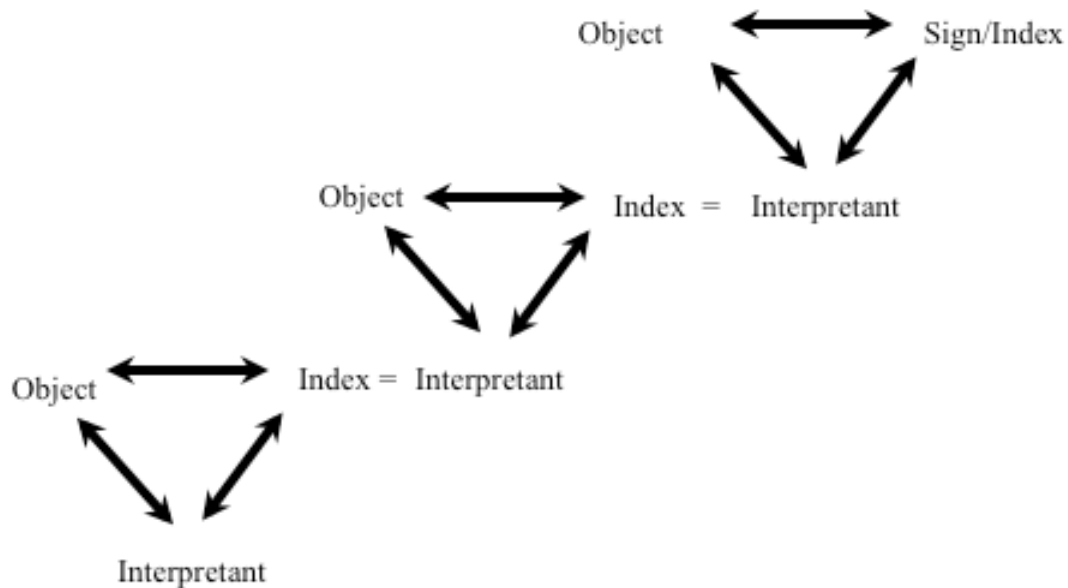


Figure 2: Chaining of Semiosis

Turino calls this “semantic snowballing,” and gives an example of the ways in which a song becomes imbued with meaning over time:

Hypothetically, the song that comes to index a romantic relationship, “our song,” may have a very positive emotional salience for the lovers when things are going well. This song initially may have been established as an indexical sign for the relationship (or the other) if the lovers heard it on their first date, their first dance, or when making love for the first time. Hearing it on

subsequent occasions while the relationship was flowering it might have taken on additional objects in relation to those occasions, and continued to have a powerful positive emotional salience. It might carry both this salience and a great sadness if the relationship ends in heartbreak. Hearing the song later in life, feelings of 'new love,' 'the many times together,' and 'heartbreak,' might be called up simultaneously creating a complex response. The multiple, sometimes conflicting, objects creating the interpretant by multivocal indices are not usually processed, at least initially, in terms of symbolic concepts. Rather we are moved to react in a visceral way because of the very complexity and incoherent form of the objects presented. Due to the very density of the objects called forth by the sign, we experience layers of feeling which will tend to remain undifferentiated and simply felt (Turino 1999:235).

With the first performance of the song (the *sign*), the listener may make any number of associations (*indexical* or *iconic*) with the text, tune, rhythm and performance context (objects), and experiences the emotional content of those associations through the *interpretant*. With repetition, the *index* can involve any of the prior performances of the song. Therefore the memory, captured through the *interpretant* can become a new *index*, with a new *interpretant* emerging. With each iteration, the prior *interpretant* becomes the new *index* and the resulting *interpretant* becomes imbued with more meaning. As Turino notes, "Old indexical connections may linger as new ones are added, potentially condensing a variety of meanings and emotions within a highly economical and yet unpredictable sign"

(Turino, 2008: 9). Although *icons* clearly feature in the interpretation of music, I would like to first focus on the *index* in order to elucidate the significance of singing a song for people with dementia and those who care for and about them.

In order, to analyze a song, I had to first identify the songs among the stories of remembered singing. In other words, the storyteller had to remember the song itself and not just the emotion of bearing witness to the performance. Not surprisingly, the musicians and doctors who shared their stories of “remembered” songs frequently could not recall the song that sparked the moment of connection, despite the significance the event held for them. Not knowing the elders intimately, they had no real connection to the piece of music or the relationship, but rather remembered the emotional intensity of the moment and the feeling of connection with the elders who “lit up” in response to the song. In contrast, the people who cared for and about the elders most intimately, their personal caregivers and family members, easily recalled the titles of songs.

“K-K-K-Katy”

One particular song, “K-K-K-Katy,” was mentioned on two separate occasions. In the stories about this song, the storytellers were both family members who observed that the song recalled was a song taught from generation to generation within their families. I will treat the stories separately, but begin by noting that “K-K-K-Katy,” was a Tin Pan Alley popular song written just after World War I, when the grandmothers were both young girls. “K-K-K-Katy,” held great meaning for the two

grandmothers who sang it with their granddaughters throughout their relationships with one another. It offers us insight into the interpretation and re-interpretation of events that takes place in repeated performances. Because each grandmother and granddaughter pair brought different personal histories to the remembered-song event, I offer the two stories and the results of a semiotic analysis of each as separate “case studies.”

Case 1: “War songs” and “moon songs”

A colleague, who will be called Caroline, told the first story. We were standing together, one day, in the middle of the hallway of our busy Geriatrics clinic when she suddenly turned and said, “You’ve probably heard this story before, but my grandmother, who had Alzheimer’s, couldn’t speak at all and we would sing the old songs for her, and *she would sing along.*” When asked about specific songs, she first replied, “You know, the old ones.” With encouragement, she then explained that her grandmother had been in the military during World War II, and that they had always sung songs as a family while driving together in the car. She particularly remembered singing what she called “moon” songs, giving the example “Shine on Harvest Moon,” and “war songs” like “Off We Go,” “The Battle Hymn of the Republic” and “K-K-K- Katy.”

She said that, long after her grandmother had developed advanced dementia, they would sing the songs in the back seat of the car, and her grandmother would “stop drooling,” and sit up and sing. “And of course that would drive my grandfather

crazy,” she added, observing that what was important to her as a grandchild was frustrating to her grandmother’s husband and primary caregiver. He would ask, “Well if she can do that why can’t she eat?” but Caroline said that, for her, this was an important opportunity to reconnect with her grandmother. Singing together remained one of their few shared activities, and she valued the songs as points of communication through the sparking of memories.

Using “K-K-K-Katy” as an example, we can reconstruct a series of events from what was known of the grandmother’s life. “K-K-K-Katy, The Sensational Stammering Song Sung by the Soldiers and Sailors,” by Geoffrey O’Hara, sold over a million copies of sheet music in 1918, when Caroline’s grandmother was a small child. The initial *index* referenced by the song may well have been its performance in her childhood home and feelings of warmth and happiness, although we will never know for certain. We do know, however, that it was a World War I song, recalled by a World War II veteran, who grew up with the song and carried it into a new set of experiences when she herself enlisted in military service during World War II. The song became popular again twenty years later when it was used as the final number in the popular World War II movie, “Tin Pan Alley,” and Caroline’s grandmother was in the service. It is impossible at this point to reconstruct all of the venues in which she heard the song, but it was likely that she heard Bill Murray sing it on the radio in the 1920s and heard Jack Oakie sing it in “Tin Pan Alley” in 1940. It was clear that she sang it herself because a generation later, she taught it to her own children and two generations later, she taught it to her grandchildren. If we think in terms of

musical songprints (Vander, 1988), “K-K-K-Katy” was clearly part of the grandmother’s songprint, a song that was an integral part of her music repertoire. It demonstrated a degree of importance greater than that of the many other popular tunes of the time because she chose to memorize “K-K-K-Katy,” to teach it to her children and grandchildren, and to sing it with them throughout her adult life.

Caroline acknowledged “war songs” and “moon songs” as carrying importance for her grandmother over the course of her lifetime. As a geriatric psychologist, Caroline was aware that, at the time of our conversation, the medical literature was unclear about whether or not these events constituted true memories or conditioned responses. As a granddaughter, however, she believed that her grandmother remembered the songs. The memories are the *indices* referenced by the song performance (the *object*). When Caroline inscribes memory upon her grandmother, she becomes involved in an intense, layered, emotional experience of the song and all of its past performances for her and for her grandmother. This experience is the *interpretant* adapted by Turino, and it has the potential to explain moments of great importance for Caroline, and possibly for her grandmother.

Case 2: “That’s right! You have a daughter named Katy!”

A second story involving the song “K-K-K-Katy” was shared by a former hospice provider, Susan. We were talking about my research on music in a nursing home when Susan abruptly shifted the topic of conversation. She told me that she used to be in hospice care, and that her grandmother had eventually required nursing home

placement. Susan's grandmother had also developed dementia, and she told me that one of the ways that the family would try to "connect" with her was to sing songs from childhood. In this case, the performance itself was re-enacted for me, in the middle of a busy room where we were standing next to her cubicle. Susan first explained that her grandmother had needed to be placed in a nursing home because she was "unable to care for herself at all, couldn't really speak and was nearing her death." She then described a typical interaction saying that she would visit and then start to sing:

Susan singing: "K-K-K-Katy"

Susan speaking: "and my grandmother would start to say 'Buh-buh-buh...' "

Susan speaking "That's right!"

Susan singing: "Buh-buh-*Beautiful* Katy"

Susan speaking: "That's right! You have a *daughter* named Katy!" (Emphasis in original]

Susan also acknowledged that, while she knew this song was written during World War I, she always thought of it as a World War II song because her grandmother was born in 1916 and came of age between the wars. Like Caroline's grandmother, Susan's grandmother likely heard the song both as a young child in the 1920s and again when she was 24 years old and the song was revived in the movie "Tin Pan Alley." But perhaps more importantly, Susan's grandmother had named one of her own children Katy, and so "K-K-K-Katy" became a family song sung for her daughter, sung often and with love.

Looking at the events recounted by the two granddaughters, the act of performing a song of importance to the singers describes a process by which the person without and the person with dementia can connect in a way that is emotionally and verbally meaningful to the storyteller. It offers a process by which those who care for and about someone with dementia can make personal contact that the caregivers identify as real and important. By listening to the stories that caregivers identified spontaneously as being the most meaningful for them, and interpreting them, I found that the songs shared were not random, but instead were songs that carried deep-seated, highly emotional remote memories for the person with dementia. What was revealed through these two stories, and found in all of the others as well, was the tightly held belief that something meaningful had been remembered by both participants during those moments of singing together.

Research on music and memory

Music therapists have long understood the rehabilitative and habilitative potential for music in people with illnesses as diverse as autism and dementia, stroke and Parkinson's disease. A thorough review of the music therapy literature is beyond the scope of this chapter, and interested people should refer to May May Chiang's Master's thesis "Research on Music and Healing in Ethnomusicology and Music Therapy" (Chiang, 2008), Broton's literature review (2002), the Cochrane library review (Vink, Bruinsma & Scholten, 2009), and Wall and Duffy's review of the literature on the effects of music therapy in the context of dementia (2010). My interest in this section lies specifically in the area of music and memory. If people

who have dementia cannot tell us for themselves how they feel about moments of singing with those who care for and about them, then what can we now learn from the scientific literature?

The first thing notable about the music and memory literature is that it stems primarily out of two disciplines, neurology and gerontological nursing, starting in the 1980s and developing a groundswell of interest after 2005. By 2010, an actual “neuromusic” community of researchers on music and memory had begun to form through a series of conferences (Zatorre, Peretz & Penhune, 2009). Earlier work consisted of scattered case reports that described individuals with dementia who were able either to remember songs (Norberg, Melin & Asplund, 1986; Braben, 1992) or to remember how to play instrumental music (Crystal, Grober & Maseur, 1989. Beatty, Brumback & Vonsattel, 1997). As imaging techniques have improved, and our understanding of neural function has grown, researchers have begun to theorize about semantic and episodic memory processing.

Newer studies show both retained memory for songs learned long ago, suggesting intact remote or semantic memory for music (Vanstone, Cuddy, Duffin & Alexander, 2009; Vanstone & Cuddy, 2010) and also a retained ability to learn new music, suggesting that there is a particular form of episodic memory for music (Cowles, *et al.*, 2003; Fornazzari, *et al.*, 2006). A study of a non-musician’s ability to respond appropriately with the second line of a popular tune in the face of significant semantic dementia suggests that music is processed somewhat separately from

other semantic domains, such as speaking (Hailstone, Omar & Warren, 2009). The latest scientific thinking on music involves the concept of music lexical networks, which appear to have physiological correlates. Peretz and colleagues' work on the musical lexicon bears close resemblance to Turino's ideas about semantic snowballing and McDonald's ideas about the iterative nature of performance:

Successful recognition of a familiar tune depends on a selection procedure that takes place in a memory system that contains all the representations of the specific musical phrases to which one has been exposed during one's lifetime. We refer to this memory system as the *musical lexicon* (Peretz, I., Gosselin, N., Belin, P., Zatorre, R. J., Plailly, J. & Tillman, B., 2009).

In a careful mapping of brain processing, Peretz and her colleagues discussed the multiple steps needed for a human brain to move from received acoustic input to the actions of singing, tapping or speaking. They drew on functional MRI studies in order to map correlating areas in the brain, thereby contributing to the growing literature on the cortical localization of the music lexical network (c.f. Sammelar, *et al.*, 2010). These studies remain in the early, exploratory stages, as researchers continue to work through methodological, technical, and theoretical difficulties, but they appear, on the whole, to be promising.

The recurrent theme throughout the body of scientific literature, since its inception, is that music is relatively spared in the context of neurodegenerative disorders that cause dementia. In other words, we appear to retain our ability to recognize, perform and even learn new knowledge long after we lose the ability to speak

because of Alzheimer's disease, semantic dementia, or other forms of progressive memory loss. From a scientific standpoint, it remains unclear the degree to which we respond to "new" music late in dementia because of its *iconic* resemblance to previously familiar songs, but it seems reasonable, from a semiotic standpoint, that we may create and learn new music because of the presence of familiar formulas, or what the neurologist Aniruddh Patel's identifies as musical syntax (c.f. Patel, 2008: 261).

Music and Meaning

Although a broad review of the music therapy literature is beyond the scope of this review, there are a few key articles that may help address the question of meaning. Some of the men and women who shared their stories of remembered song performances spoke eloquently of the meaning of this event. The very fact that they inserted this event into unrelated conversational topics spoke to its importance to them. Music, with its unusual social and emotional properties, functioned as a particularly effective medium for communication with those who have become mute from dementia.

The scattered, clinical observational findings do not lend themselves to strong statements about the role of meaning in music. One of the earliest and most widely cited articles suggested that those with dementia "may" respond differently to music than to other stimuli. It was based upon observations of three women exposed to three different types of interactions, who seemed to subjectively brighten and

engage more in response to music than to touch or smell (Norberg, Melin & Asplund, 1986). More recently, several interventional studies have suggested that shared music performances can benefit both members of caregiver-care receiver couples (Clair & Ebberts, 1997; Brotons & Marti, 2003; Sherratt, Thornton & Hatton, 2004). The only ethnographic study on community-dwelling elders suggests that music functions as an important part of the lives of people with dementia and their families (Sixsmith & Gibson, 2007). The only ethnographic study on music in a nursing home suggests that music has an essential role to play in the daily lives of people with dementia (Götell, 2008). Götell goes so far as to put out a call for *Vårdagsång*, which is translated as “Music Therapeutic Caregiving” in the English publications (Götell, 2008: 39), but which literally means “our daily song” in Swedish. Using *Vårdagsång*, singing is intended to become a regular part of daily care for people with dementia, because of its potential to transform stressful encounters into pleasant ones. Götell and her colleagues are now actively involved in training nurses to use singing when they dress, bathe and feed their nursing home patients.

The clinical studies often include mention of what has come to be called *musicophilia*, an intense desire to listen to music, occurring after the onset of the neurological insult of dementia (Sacks, 2007; Hailstone, Omar & Warren, 2009). We may not be able to ask the elders with end-stage dementia if singing is meaningful to them, but from the limited studies to date, the evidence suggests that it is. Oliver

Sacks, the most widely read of the neurologists in this area, reflected on his own observations as follows:

I have seen deeply demented patients weep or shiver as they listen to music they have never heard before, and I think they can experience the entire range of feelings the rest of us can, and that dementia, at least at these times, is no bar to emotional depth. Once one has seen such responses, one knows that there is still a self to be called upon, even if music, and only music, can do the calling.” (Sacks, 2007:346)

Although he provided little evidence to support his claim, his assertion has what health sciences researchers sometimes call “face validity.” In other words, his observations appear valid to me in the context of two years’ worth of intense attention to the role of music in a community in which over half of the elders had cognitive impairment, and five years’ worth of clinical work as a physician who works only with older patients. Sacks’ observations are congruent with my own and with those of the men and women with whom I carried out interviews. The medical literature, upon review, has provided no evidence to the contrary, leaving us to infer that music carries meaning for people long after they are able to express that meaning in words.

How music supports the caregivers

This analysis accepts, as a basic premise, that moments acknowledged by a caregiver as involving a profound connection are worth studying and encouraging. Medical researchers talk about *quality of life* in institutions. At this point, an entire

body of literature, much of it coming from nursing, medicine and social work research, has arisen as scholars attempt to find quantifiable ways of measuring quality of life (c.f. Institute of Medicine report, 1986; Whitehouse & Rabins, 1992; Kane, Kane & Ladd, 1998; Kane, 2001; Kane, *et al.*, 2003; Kane *et al.*, 2005, Sloan, *et al.*, 2005, Zimmerman, Sloan, *et al.*, 2005; Zimmerman, Williams *et al.*, 2005). At the same time, we can identify an extensive body of literature on caregiver strain in the context of dementia, both among families (c.f. Brodaty, Green & Koschera, 2003; Brodaty & Donkin, 2009) and among professional caregivers (c.f. Castle, 2005; Castle, Degenholtz, & Rosen, 2006; Castle, 2006). In most of these studies, careful attention is paid to clearly circumscribed questions, and information is obtained largely through the use of surveys and standardized instruments. Quantitative approaches, however, provide different information from qualitative studies. As anthropologist Jessica Muller writes in an explanation to her quantitative counterparts:

However, if researchers are willing to commit the time and energy necessary to carry out this type of research, participant observation promises a rich engagement with the research participants and settings. As a means of accumulating, integrating, and interpreting information about a group of people, participant observation offers the opportunity to gather detailed descriptions of social and cultural phenomena and processes from the perspective of the insider. It is particularly appropriate for researchers interested in natural settings, in capturing the daily lives and experiences of individuals, and in documenting process" (Muller, 1995: 85).

In ethnomusicology, we have long understood Muller's assertion that there is value in paying careful attention to the words and actions of people over extended periods of time. In contrast, the medical literature, focused as it is on quantitative information, risks missing key elements that can only be seen in an attempt to view the world through the eyes of the people who live in nursing homes. The work by Zimmerman, Sloane and their colleagues has made enormous strides in this direction through the use of careful qualitative technique when collecting information and through careful dissemination of their results using the common parlance of the medical sciences in standard health care research journals. They are bridging the gap between the qualitative and quantitative studies by demonstrating the necessity of both in reaching an understanding of the reality of life in institutional care.

In the case of the "remembered" song, we have a clear example of the ways in which ethnomusicologists can and should contribute to the medical discourse. Here, we see memory and love enacted through performance, growing in meaning for the person who cares for or about someone with dementia. From the actions and body language of the elder with dementia, it appears that these moments hold meaning for them as well. Viewed through the lens of the neurology literature, we find that these individual stories are consistent with a physiological reality that music is relatively spared in dementia. Now that our scientific understanding is developing into an actual mapping of musical networks across the brain, a music lexical system,

we can begin to understand how the semantic snowballing of meaning in song may help explain the sparing of musical memory in neurodegenerative disorders.

And we find that, in contrast to the huge body of literature on caregiver burden and strain, those who care for and about someone with dementia continue to seek out moments of meaning with the person who can no longer remember who they are. Caregivers do not merely suffer their burdens. They seek out moments that feel “real” and “connected.” They look for their loved one to “look up, stop drooling and make eye contact,” like Caroline’s grandmother. They are overjoyed when that loved one can sing with them. Moreover, we begin to understand that people with dementia can create and maintain relationships even in the context of end-stage dementia.

Family members and friends struggle to get themselves to visit the nursing homes, and we need to nurture and support their relationships with those who have dementia. Caring for someone who can no longer manage the basics of human communication presents a particular challenge, but those who care construct meaning out of the relationships as best they can. These stories make it clear that people intuitively reach for, create and cherish the moments of perceived connection when caring for or about someone with end-stage dementia. The medical research supports what they already know, that music can play a unique role in the lives of people with neurodegenerative diseases.

Why music? From a semiotic vantage point, it comes as no surprise that music is spared, because it is one of the most powerful of the non-language based systems of social interaction. Music functions as not only a key aspect of highly emotionally charged events, but as a sign particularly well suited to associations with past memories. The combination of remote memory and emotional memory involved in the recall of a song help to explain why musical memory persists after people have lost their ability to remember recent events or to generate new speech. By acknowledging the power of song to serve as index, as icon, and as referent to personal, emotion-laden history, we can enhance the ability of the caregivers to have meaningful relationships with those whose minds have unraveled through dementia.

CHAPTER 6

TOWARDS A BROADER VIEW OF CREATIVITY IN INSTITUTIONALIZED AGING

Previous literature has documented the horrors of pre-OBRA 87 nursing home care, and a review of the first twenty years after the Nursing Home Reform Act have shown measurable improvements in *quality of care* in terms of nursing home staffing and the use of physical and chemical restraints and psychotropic medications (Weiner, Freiman & Brown, 2007). Yet more remains to be done. The OBRA legislation was intended to address resident-centered care and issues of *quality of life*. Since OBRA's implementation, medical researchers have engaged in the difficult process of assessing quality of life in nursing homes. Increasingly, researchers are using qualitative and mixed-methods research techniques to capture the voices of the people who live in institutions (c.f. Zimmerman, Sloane *et al.*, 2005; Zimmerman, Williams, *et al.*, 2005).

In the institutions themselves, health care and nursing home providers are also moving beyond the quality-of-care measures mandated by the OBRA 87 regulations in order to focus directly on improving quality of life. In the preceding chapters, I have attempted to show how one aspect of nursing home care, activities programming, is already heavily invested in quality of life for institutionalized elders. Out of the many programs available to residents, I highlight music, not as the only example, but as one type of activity that creates meaning for the lives of elders in nursing homes.

There is a notable absence of literature about activities staff members and the role of music in nursing home activities. The literature at present consists of both simplistic, “how to” professional publications by and for music therapists, and an increasingly sophisticated literature about the utility of music therapy in addressing behavioral issues in dementia. This study is the first to take a step away from music’s therapeutic potential and instead, to focus on music as a key aspect of community and life in a nursing home. Instead of *quality of life*, generally speaking, I am interested in the *realities of the lives* of elders who live in nursing homes, and the ways in which they learn, grow, and enjoy life.

I am not alone, however, in either my interest in the realities of the lives of our elders in nursing homes, or my passion for helping elders continue to grow and develop as individuals and members of their communities. Now is a particularly important time to engage in scholarly activities like this project, because the nursing home landscape is full of activists who desire to overhaul the custodial care system. In the United States, two related but distinct grassroots movements have arisen, both of which have attempted to improve the lives of those who live in nursing homes, and neither of which has had a particularly anthropological bent. In this chapter, I would like to look at these phenomena, the “Culture Change” movement and the “Creative Aging” movement in order to explore some of the changes that have taken place, and the directions that lie ahead. I speak in this chapter both as researcher and participant, and will include a brief history of each and the key articles and monographs detailing them.

How do you change the “Culture” of a nursing home?

The ongoing Culture Change movement claims its heritage in the Eden Alternative developed by Bill Thomas, M.D. in the 1990s. This approach intended to address what Thomas calls the “three plagues” of nursing homes: boredom, helplessness and loneliness (Thomas, 2003) by de-institutionalizing the nursing home environment. One of the original centerpieces of the Eden model included having plants, children and animals in the nursing home on a daily, ongoing basis. Also key to this model were structural changes in the nursing home that made it look less like a hospital and more like a home. Although there have been other, similar models across the country, like the Live Oak model in California (Barkan, 2003), Thomas became widely known among the reformers because of his eloquent speaking and willingness to teach and train participants nationally.

Thomas, Barkan and other key stakeholders were brought together in a meeting in 1997 that led to the formation of the Pioneer Network (Baker, 2007:23; <http://www.pioneernetwork.net>). The Pioneer Network at this point has formed both a clearinghouse for information about improving nursing home quality of life, and a place for new activists to become involved in the movement. They are exploding into new approaches to custodial care that espouse homelike rather than institutional qualities. The Pioneer Network call their process “Culture Change” or the “Culture Change Transformation,” asserting that we need to completely change the philosophy behind nursing home care. Thomas, meanwhile, has moved on to the concept of the Greenhouse model, which breaks down nursing facilities into small,

twelve-person homes. In careful analysis, the Greenhouse model has been shown to dramatically change the reality of daily life for its residents without compromising the quality of their medical care (Kane *et al.*, 2007). For a detailed review of the history of this movement, and a description of twenty-four facilities that exemplify the Eden model, the Greenhouse model and other approaches to home-like, meaningful care, see Baker's *Old Age in a New Age: The Promise of Transformative Nursing Homes* (2007).

For those of us in anthropology and ethnomusicology, the concept of Culture Change sits uncomfortably. It raises core questions. What Culture? Whose Culture? How do you define "A Culture" in institutions where the caregivers come from countries all over the globe, and the residents themselves have wildly divergent backgrounds and physical/cognitive limitations? Like Turino, I find the adjective "cultural" to be more reflective of the realities of my research participants' lives than the noun "culture" (Turino, 2008: 109). As I have noted before, each nursing home has its own cultural features, all of which are shaped by multiple external and internal factors and the forces of the individual personalities involved. Community members may participate in any number of "cultural cohorts" (Turino, 2008: 111). In the nursing home where I did my fieldwork and now provide medical care, community members have a shared interest in music that enables it to be closely interwoven into the daily lives of the community members. This, however, is not true for most nursing homes.

The Culture Change movement has taught us that each institution has the potential for change, and it has begun to identify features of high-quality facilities. Through the humanities, including but not limited to ethnomusicology, we can further refine their work by identifying those types of activities that build communities within institutions, and that can be exported to other facilities. By better understanding the realities of institutional lives, we can better learn how to improve quality of life for our elders in long-term custodial care.

Although I have often spoken out against the monolithic view of culture espoused by the Culture Change movement, I nonetheless find this movement to be the single greatest hope for improving the lives of our institutionalized elders. I first became involved at a stakeholder meeting called by the California quality improvement organization, Lumetra Healthcare Solutions, in the summer of 2006 and from there, I went on to become a founding board member of the California Culture Change Coalition (CCCC, <http://www.culturechange.org>). The CCCC works to change California law and to support nursing homes as they attempt to move from a medical model to a more home-like model of care. The challenge to those of us in the humanities, then, is to contribute to the ongoing work in these non-profit groups in order to help them better understand concepts of culture and organizational change

Creativity and aging

The creativity and aging movement can be identified with the work of the late Gene Cohen, who began as a conventional medical researcher, and then switched, mid-career to focus on creativity and game development. His work on creativity and aging formed a key part of the development of the National Center for Creative Aging (<http://www.creativeaging.org>), which since 2001 has supported programs and worked to raise public awareness of the importance of creativity in late-life development. For a detailed description of creative arts approaches, see Basting's *Forget Memory: Creating Better Lives for People with Dementia* (2009).

The creativity and aging movement takes as its point of departure an awareness of how important music, drama, storytelling and the plastic arts can become in the context of both healthy and unhealthy aging. This movement is not limited to elders in nursing homes. It applies to elders who live in all settings, but has particular relevance for those who are forced into the relative isolation of the institution. My work contributes to this discourse in its careful attention to one of the least studied of the arts, music.

I conclude with an appeal. We should, all of us, bring more music into nursing homes. Everyone should be involved in this important work. After hearing about the experiences of “remembered songs,” my mother made a CD of music from her own mother’s childhood. This CD is now played to all of the residents in my grandmother’s small nursing home “village,” because they know and respond to the

songs. The nursing home is in Sweden, where the large buildings are divided into small residential units where everyone has a bedroom filled with their own furniture from home, the living room is decorated in the style of the 1940s, and the center of activity is the kitchen. The eight elders sit at the dining room table while the aides bake sweet rolls. It is a typical nursing home for its country. It was easy for my mother to introduce the music to this community. As has happened at the Home, the staff members have learned the songs.

There is no reason why, as family members, we cannot bring music into our parents' and grandparents' lives again. There is no reason why, as health care practitioners, we cannot bring music into our professional work with elders in nursing homes. As a physician, I have never been disappointed with the results, whether it involved a patient who relaxed and smiled in response to a Scottish marching band recording or a post-stroke patient who sang "I Did It My Way" or "Amazing Grace," before re-learning how to speak. We do not need to be music therapists to do this, although we would be wise to listen to what they have learned before us. The music we bring should include but not be limited to personal favorites of the elders we visit. Some of the elders with moderate to severe dementia at the Home have developed a fondness for Michael Jackson and ABBA, suggesting that it is worth our while to experiment with newer genres. I hope that anyone who takes the time to read this far will be willing to take a few minutes to sing the next time they visit a nursing home. For those of us in the humanities, it is clearly time to engage intellectually, as well as personally, in nursing home care, in

order to provide the activists with the knowledge they need to construct meaningful, homelike facilities for our elders.

Summary of findings

In this dissertation, I have attempted to look at the nursing home as a constructed village. I have spent two years conducting fieldwork among the English speakers of a 430-bed, not-for-profit skilled nursing facility in San Francisco, California, that was known to its members as “the Home.” In particular, I have paid close attention to the music life of the villagers, focusing primarily on the elders who resided in the community of the Home, and including the work of the activities staff members who were charged with creating meaningful activities for them. It was not a comprehensive picture, as ethnographers have long since left the days when we thought we could capture it “all.” Instead, I have focused on four key areas and the significance of each.

First, I have endeavored to identify a set of core values held by the people who worked at the Home as well as the elders who resided there. At the Home, an institution founded upon Jewish principles of religious duty to the community, there existed a tightly-held belief that elders should be allowed to maintain their dignity as they age. The value of dignity was enacted through a set of diverse, individualized processes that facilitated the independence and growth of the elders. Actions like enabling a woman who has no children to give virtual gifts to surrogate grandchildren via e-mail, and allowing another woman to wheel her chair until it

fatigues her before helping her get to where she is going, made it possible for elders at the Home to maintain their independence, their productivity and, above all, their dignity. These underlying values formed the basis for the sometimes typical, and sometimes unusual, musical events discussed in the following chapters.

Second, I examined a strikingly unusual activity in the Home: songwriting.

Songwriting itself involves fewer than 10% of the elders, in a set of activities that used to take place weekly but that were scheduled for only an hour or two each month between 2006 and 2008. The results of the program have had profound effects for the elders who participated and for the larger community of the Home. For the elders who wrote the songs, the program enabled them to reach far beyond their rooms in the institution through the production of a compact disc, an award-winning documentary, and the use of their songs in the dedication of the Home's new synagogue. In terms of the village as a whole, the songwriters actually contributed an original song to the music repertoire of the community. Their song, "Chanukah Tonight!" had become a standard at the annual concert for the community and was widely known among elders, staff members, volunteers and members of the outside community when I was collecting the data.

Third, I explored the most common of the nursing home music activities: the sing-along. While the sing-along gets dismissed in much of the nursing home literature, at the Home it functioned as an opportunity for connecting and transcending the limitations of institutionalization and illness. The sing along became a means for the

production of heritage. It offered moments in which elders could create connections with their neighbors, and bring the past into the present. Through the iterative nature of performance, I found that sharing beloved songs with an audience created new meanings for the performers and reinforced a sense of community. Through a close examination of sing-along sessions and public performances, I have attempted to show the emotive and community-creating potential of this common practice. The sing-along, when involving music that was important to the singers, functioned as a music revival in miniature. Of all of the music practices that I observed at the Home, the sing-along may well be the most easily exportable. The analysis suggests that paying close attention to singing may provide some of the basic information needed to begin developing more humane models of custodial care for our elders.

Fourth, I analyzed a set of narratives of performance, stories of men and women with end-stage dementia who “lit up” and remembered a song. This section was as much about caregivers, personal and professional, as it was about the elders. In these stories, I learned not only about an unusual phenomenon but also about the meaning and significance it has for the storytellers. Semiotic analysis provided the tools needed to explain how the emotive properties of music, combined with the iterative nature of performance led to a “snowballing” of meaning each time the two people sang together. The preservation of music memory appeared to be spared relative to other kinds of memory in all types of dementia, a phenomenon that is now supported by the newly emerging neuromusic literature. As of 2009, the music neurology literature had begun to include theories about music processing in the

brain that supported the concept of “music lexical networks.” The music lexical network concept represents one of the few times in which philosophical theory (via ethnomusicology) and physiological data (via neuroimaging) have begun to converge.

The medical evidence now suggests that the processing needed to remember a song takes place through different pathways than the processing needed to speak. While it remains unclear which specific pathways are involved in music’s neural processing, we are beginning to understand that they are complex and spread across the brain. The process of identifying music’s neural networks is underway using both imaging-based studies and studies of individuals who have isolated neurological lesions. The medical literature has begun to validate what my research participants asserted from the beginning: people who have dementia retain the ability to sing long after they lose the ability to speak. More importantly, my research found that the people who care for and about those with dementia cherish the moments in which the elders actually sing along. This area suggests that caregivers, family and professional, actively seek out moments of meaning even after the care-recipient has developed end-stage dementia and cannot speak. Further work in this area will hopefully lead us to a relationship-centered model of end-stage dementia care.

Limitations

Looking at the research as a whole, three significant limitations stand out and need to be addressed. First, due to language restrictions on the study design, most of the Russian-speaking elders at the Home, over 100 people, were not allowed to enroll in the study. I actively sought out English-speaking Soviet expatriates who lived at, worked at and visited the Home in order to include their voices, but it would be inaccurate to present this work as a picture of the whole village. The Home was a village divided by language, where English functioned as the medical *lingua franca* and where four interpreters were kept busy trying to assist in communication between community members. Friendships between monolingual English and Russian speaking elders were virtually non-existent between 2006 and 2008, although this was not the case among the polyglot staff. Further work remains to be done on this unique population within the Home, as they have very different perspectives and some unique uses of music in building a sense of community.

The second limitation involved my inability to recruit members of the nursing staff, including both nursing assistants and licensed nurses. This can be attributed largely to the confusing nature of my initial role at the Home. The nursing staff knew me as a volunteer but also as a physician, and did not appear to know how to respond to this unique position. Many seemed to think of me as a covert “surveyor,” there to seek out and expose “deficiencies” in care. Once I joined the Home as a physician, and it became clear that I was not working for the state surveyors, this initial suspicion dissolved and the nurses stopped avoiding me. At that point, both nurses

and nursing assistants began to seek me out to ask about my findings and offer unsolicited feedback, which they then gave me permission to use in the refinement of the analysis. Although the nursing staff members were reluctant to participate in the initial data collection, their comments during the concurrent analyses helped to challenge my theories and validate the results.

The final limitation involves a challenge common to all music ethnography. We have to choose the music we will include in the study, and I have intentionally selected music venues that bring the past into the present, that create meaning for performers, and that build relationships. I have chosen those areas in which the elders of the community most clearly transcended the limitations of institutional life. I presented all of the music venues in Chapter 2, but chose to focus the analysis on musical “moments of great joy.” My ultimate goal as a geriatric physician, and a granddaughter of a woman who lives in a nursing home, is to develop more humane models of care for elders who require institutionalization in nursing homes. My interest, therefore, lies in those music performances in which elders have the greatest opportunity for learning, relationship building, happiness, and personal growth.

Discussion

In this country, growing old increasingly involves staying in a nursing home. All of us will share the experience of having friends and family require nursing home placement. Over a third of us over the age of sixty-five will need to stay in a nursing

facility for at least a brief period of time. The reasons for the long-term institutionalization of the elders in this book included: cognitive impairment and dementia, decline in physical abilities (activities of daily living), social isolation, financial destitution secondary to health care costs and, occasionally, an intentional attempt to maximize independence and community involvement. Across the United States, we have an increasingly old and frail population, and the numbers of nursing home residents is expected to soar. We, who live on the “outside,” can read the numbers while still failing to comprehend the lived reality of nursing homes.

Music offers one powerful way in which nursing home “residents” can engage in the production of neighborhood. Through sing-along sessions and concerts, music functions as a community-building activity and enables those living in nursing homes to give back to those who care for them. As we use the tools of the medical humanities, and ethnomusicology in particular, we can begin to see *how* and *why* creativity is important to elders in custodial care.

EPILOGUE

Two years after closing out the data collection, my role at the Home is profoundly different. Some research participants have become close friends, others have become my patients, and I their physician. The boundaries blur further with each night and weekend of “call,” when our relationships collapse into moments of medical necessity. I have had the privilege of plucking a friend back from the clutches of death, and can continue to enjoy her company. I have had the honor of standing by another as her physician during the last months of her life. It is not the ending I expected when I began the study.

At this point, the death toll is mounting. The average time spent living at the Home is only two years, and it has been almost seven years since I first walked into the institution after a weary month in our county hospital. Nearly a third of the elders in the research project have passed away. Even three co-workers have died. It has been a challenge to read the data and analysis without having it distorted by grief. The challenge, however, has led to a more nuanced understanding of this community, since death and grief are regular visitors here, and an understanding of the fragility of life underpins the efforts of the elders as they continue to grow and learn and live.

Members of the Home’s community understand that life is fleeting, and music and the arts frequently become a means for engaging in that understanding. The elders

at the Home have multiple uses for the plastic and performing arts: they can escape through a viewing of an opera filmed in the 1940s, they can grow through the creation of a new song, they can express the traumas of the remote past through sculpture and painting. In a world where the days are so obviously numbered, music defies death in its immediacy and its ability to bring past relationships and memories into a living present. Singing and songwriting offer opportunities for a different kind of fellowship, based upon shared experience irrespective of current cognitive and functional status. Music offers respite to staff, visitors, and “residents” alike. Certainly I have partaken of that respite during rehearsals and performances with our Klezmer band, eager to shed the grief of end-of-life care in the chance to play flute and to sing, and to hear applause instead of weeping.

In ethnomusicology, we initially maintained careful personal boundaries within the field site, considering it suspect if a researcher married into or moved permanently into a research community. My experience as a researcher differs dramatically from the ethnographic distance that I expected to maintain while still a naïve graduate student. As an ethnomusicologist, I have found the transition from researcher to health care provider to be a profoundly meaningful experience. Providing medical care enables me to give back to our community more richly. Each time I have begun a conversation by asking a former research participant if they would grant me permission to provide medical care over a weekend of cross-coverage, I have been told warmly “of course,” or “we already know you, so we can trust you,” or simply “I

am glad that you are here and will help me.” It is a humbling experience, and one that challenges me to provide the best care I can.

While I am often uncomfortable as their doctor, my research collaborators slip easily into the role of “patient,” a role they have practiced for many decades, reminding me that the veil of “community” lies only thinly over the realities of living with significant medical illness. They have known with a sophistication I lacked, that as a physician-researcher, the day might come when I was their physician, and many of the research participants accepted me into their community with the intent that I should stay and practice the kind of medicine they wanted to have.

One elder, now a close friend of mine, once joked with me about the time she nearly died while I was on call. I didn’t find it remotely funny, though I consider her one of the funniest women I know. I remind her that she is not supposed to die on my watch and she reminds me in turn that she has no wish to live forever, and that she trusts me to remember that and to take care of her when I am cross-covering for her “real” doctor. As ethnomusicologists, it is helpful to remember that we study music in its relationship to life. As physicians, we would do well to learn more about how our patients create meaningful lives even when external forces combine to place men and women into institutionalized settings. This project has offered an opportunity to experience both, and I am the richer for it.

APPENDIX: PARTICIPANT INFORMATION

Role ²³	Number observed	Interviewed
Elders	32 closely over time 200 in large group settings	12
Activities Program Staff	15 closely over time 40 in large group settings	13
Volunteers	6 closely over time 100 in large group settings	3
Physicians	0	3
Visiting Musicians	8	3
Administrators	4	4
Nurses and nursing assistants	0 responded to recruitment requests, although many commented on the study	0

²³ Participants play multiple roles in this institution, so only the primary role was used to generate the numbers. Two of the activities staff members, one administrator and two volunteers are also family members, one of the volunteers is also an MD/researcher, two of the administrators and seven of the activities staff members are also musicians. Seven of the resident participants are also volunteers. I did not count myself.

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